

CRISIS+EMERGENCY RISK+COMMUNICATION

BE FIRST. BE RIGHT. BE CREDIBLE.

CERC: Messages and Audiences



U.S. Department of
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Centers for Disease
Control and Prevention

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CERC: Messages and Audiences

In this chapter you will learn about:

- Understanding your audiences
- Making facts work in your message
- Using CERC principles
- Organizing information for emergency response presentations
- Audience feedback

The Message: Content Counts in an Emergency

Communication is a dynamic process involving many elements, including a sender, channel, message, receiver, and context. Audiences and messages are key parts of the process. Once the audience is analyzed, the message can be improved for effectiveness.

For any crisis, there will be multiple audiences. The needs and interests of those different audiences will change as the crisis develops. Basic communication principles can improve the effectiveness of your communication.

Understanding Your Audiences

Understanding the needs, cultural background, community history, location, and values of your audiences is one of the most important factors in effective communication. This understanding allows you to match your message to audience characteristics, such as interests, cultural background, location, and their preferred communication channels.

One way to think about the people you are trying to reach is their psychological proximity to the event. People may be psychologically close to an event, because they are physically and emotionally involved.¹ They may have family members who are affected. They may be emergency workers trying to help. Perhaps their jobs or industries will be hurt by the crisis. It is important to understand them and the way they receive important messages.

Also bear in mind that they do not just receive information; they also send it. With changing media technologies, including social media services like Twitter and Facebook, and the ability to use digital media and the Internet, people in a disaster zone can post real-time information. They will often repost and retweet official messages. They also have the ability to post unofficial messages and rumors.



The receiver of your official communication will be assessing and judging the content based on the following:

- The message
- The messenger
- The method of delivery

All three elements must be considered when planning CERC efforts. Bear in mind that the public's awareness of government is heightened during a crisis. They are listening to what you say. Government agencies become the primary source for critical information. Meeting the audience's needs means being as honest, open, and transparent as possible in any situation.

The needs of the members of your audience can be judged three ways:

1. Their relationship to the incident
2. Their psychological differences
3. Their demographic differences

Your audiences will likely be diverse and have very different needs and interests. Remember that the needs and interests of the audience will change as the crisis evolves. Your audiences may include the following:

- **Public within the circle of the disaster or emergency for whom action messages are primarily intended:** Their first concerns are personal safety, family safety, pet safety, and property protection. They may also be worried about stigma, which could arise if an event singles out individuals with circumstances that could bring about negative reactions from others. Examples include people with HIV, illegal immigrants, and those who cannot afford medical care.
- **Public immediately outside the circle of the disaster or emergency for whom action messages are not intended:** Their primary concerns include personal safety, family safety, pet safety, and interruption of their normal activities.
- **Emergency response and recovery workers and law enforcement involved in the response:** Their concerns include having the resources to manage the response and recovery, as well as their personal safety and that of their family and pets left behind.
- **Public health and medical professionals involved in the disaster response:** Their primary medical concerns are ensuring treatment and response protocols, and having enough medical resources. They, too, are concerned about their safety, their family's safety, and pet safety.



- **Family members of victims and response workers:** Their primary concerns include personal safety, safety of victims, and safety of response workers.
- **Health-care professionals outside the response area:** Their primary concerns may include rehearsal of treatments and recommendations, ability to respond to patients with the appropriate information, and access to medical supplies if needed.
- **Civic leaders (local, state, and national):** Their primary concerns include response and recovery resources, liability, and leadership. They also focus on the quality of the response and recovery's planning and implementation. Civic leaders will be looking for opportunities to express concern. They may also need to handle issues with trade and international diplomatic relations.
- **Congress:** They will need to inform their constituents about the disaster. They will want to make sure they can meet the needs of their constituents. This may include reviewing laws and regulations to see if current rules will work for this situation or need adjustment. Members of Congress will also be looking for opportunities to express concern.
- **Business, trade, and industry:** They will be concerned about maintaining business continuity. They will want to avoid business interruptions, loss of revenue, and liability. They will also need to take steps to protect their employees.
- **National community:** Their primary concerns are the following:
 - Vicarious rehearsal,² in which they experience the crisis through communication mechanisms rather than directly, and consider courses of action presented to those who are directly affected
 - Getting readiness efforts started
- **International neighbors:** Their primary concerns are also vicarious rehearsal and getting readiness efforts started.
- **International community:** Their primary concerns include vicarious rehearsal and exploring their level of readiness.
- **Stakeholders and partners specific to the emergency (discussed in more detail in Chapter 7):** Their primary concerns are being included in the decision-making process, access to information, and understanding their role in the response.
- **Media:** Their primary concerns are personal safety, access to information and spokespersons, and meeting their urgent deadlines.



Figure 3–1. Audience Relationship to the Event



Each audience will be looking for specific messages based on their characteristics. As a risk communicator, you must prioritize the development of messages for each audience based on their involvement.

Basic principles are important when creating messages. You will need to consider audience segmentation and demographics as well as their physical and psychological relationship to the event. When you consider the communication needs of your audience, bear in mind the following characteristics:

- Education
- Income level
- Current subject knowledge and experience
- Age
- Languages spoken and read



- Cultural background norms and values
- Geographic location
- Religious beliefs

Communication channels are very important during a crisis, and systems to reach these audiences should be developed. This may require assigning staff as liaisons, to ensure that your organization's messages reach critical audiences. During a crisis, established communication channels are often disrupted. This may force you to develop alternative ways of communicating.

In the aftermath of Hurricane Katrina, for example, CDC staff could not rely on television or radio to reach people in the hurricane zone.^{3,4} They turned instead to printed flyers for information about the safety of food and water.³

Some audiences may be the responsibility of groups other than communication staff. For example, health-care or emergency-management professionals may be communicating with others in your organization. Messages, however, should remain coordinated and consistent. The Hurricane Katrina case study at the end of this chapter illustrates how messages should be adapted to meet the demands of a specific event.

Also see Template 3–1, Message Development for Emergency Communication, at the end of this chapter. This worksheet is designed to help develop targeted messages during a crisis.

How Audiences Assess Messages in a Crisis

Audiences receive, interpret, and evaluate messages before they take action. Expect your audience to immediately judge the content of your message for speed, factual content, and trust and credibility:

- **Speed of communication:** Was the message timely without sacrificing accuracy? One of the primary dilemmas of effective Crisis and Emergency Risk Communication (CERC) is to be speedy in responding but maintain accuracy even when the situation is uncertain:
 - Being first to communicate establishes your organization as the primary source of information. The public may judge how prepared your organization was for the emergency based on how fast you responded. Speedy responses suggest that there is a system in place and that appropriate actions are being taken.
 - If the public is not aware of the response, for them, there is no response. The public may then lose confidence in the organization's ability to respond. Messages then must attempt to catch up in convincing the public that the system for response is working. Remember that if agencies are not communicating, audiences will turn to other, less credible sources.
 - First impressions are lasting impressions, and it's important to be accurate. Responding quickly with the wrong information or poorly developed messages damages credibility. This



doesn't necessarily mean having all the answers; it means having an early presence, so the public knows that agencies are engaged and that there is a system in place to respond.

- People tend to compare future messages to the first message they received. For example, if you issue an evacuation message and then retract it, the second message will be assessed based on the first one.

■ **Factual content of the message:** The public will be listening for factually correct information, and some people will expect to hear specific recommendations for action. Therefore, you should do the following:

- Get the facts right.
- Repeat the facts often, using simple nontechnical terms.
- Avoid providing sketchy details in the early part of the response.
- Ensure that all credible sources share the same facts. Speak with one voice. Inconsistent messages will increase anxiety, quickly undermining expert advice and credibility.

In 2003, a massive blackout affected Ohio, Michigan, and parts of Canada.^{5,6} Communities had no power and people worried about food and water safety.⁵ In Michigan, two public health officials from adjacent counties were being interviewed in succession about boiling water to make it safe for drinking, cooking, and cleaning dishes. Even though they were applying the same state food law and safety codes, the two health departments had not compared notes:

- An official from County A health department said restaurants were closing and weren't going to reopen until they had been inspected.
- The County B health department decided not to close the restaurants, because they had previously required all food managers to be certified in their food safety program, which included what to do in an emergency.

These two conflicting messages resulted in intense media scrutiny of the two county health department policies, as well as a confused public. Restaurant owners from County A were angry because they were forced to close their restaurants and lose business, while restaurants across the street in County B stayed open. Consistent messages are vital, especially when asking people to take actions or steps that are unfamiliar.

■ **Trust and credibility of the message:** One of the most important factors in effective communication is credibility. Establishing credibility through communication depends on three basic elements:

- Intention toward the receiver
- Expertise
- Trustworthiness



Don't try to fake these elements. Audiences are very good at determining when a communicator is sincere. Credibility is a resource that can be built up during normal times and used during a crisis. Communication researchers often advise that you build a reservoir of goodwill with your audiences and stakeholders; this will prove to be an important resource.

All messages, written or spoken, can incorporate these elements of credibility. These are especially important to communicate during an emergency when it is critical for the audience to trust the messenger and believe what they are being told.

- **Intention:** Intention toward the receiver involves many factors, including the following:
 - » Empathy
 - » Commitment
 - » Caring
 - » Dedication

Empathy and caring should be expressed within the first 30 seconds of a message. Your audience will be more likely to receive and act on your messages if they see you as being empathetic and caring. It is important that you acknowledge fear, pain, suffering, and uncertainty. Establish commitment and dedication by stating, up front, your organization's objectives for the emergency response and committing to reaching them.

Dedication means you may have to share in the sacrifice and discomfort of the emergency situation. However, don't fake hardship for the TV cameras. There are many examples of officials trying to do so and coming across as insincere and manipulative. For example, effective governors know they'd better walk the territory when declaring a state disaster area. Dedication also means not leaving until the emergency is under control. This may require staying in touch with the community long after the media loses interest in the story. Your organization should commit to resolution and follow-up from the start and carry through until the end.

- **Expertise:** This concerns basic questions of competence and knowledge. People recognize the following types of expertise:
 - » Education
 - » Title
 - » Position
 - » Organizational roles and missions

People will view you as more competent if you possess previous experience and demonstrated abilities in handling situations like the current one. It will help if you build a relationship with your audience before an emergency. If that is not possible, have a third party, who has already established the confidence of the audience, express his or her confidence in you or your organization.

Sometimes elected officials may appear with experts to present a unified front and bolster the credibility of each. One example would be letting a medical professional speak about an infectious disease as opposed to a congressman whose background is law.



Expertise may extend beyond technical or scientific knowledge to knowledge about a specific community or a specific issue.

- **Trustworthiness:** This is achieved in part by being honest and open. Honesty means facing the realities of the situation and responding quickly and appropriately. It does not mean releasing information prematurely. Accuracy is always required; however, there is almost always tension in balancing the competing demands for information that is complete and information that is delivered quickly. Establish trust with your audience by considering the following communication guidelines:

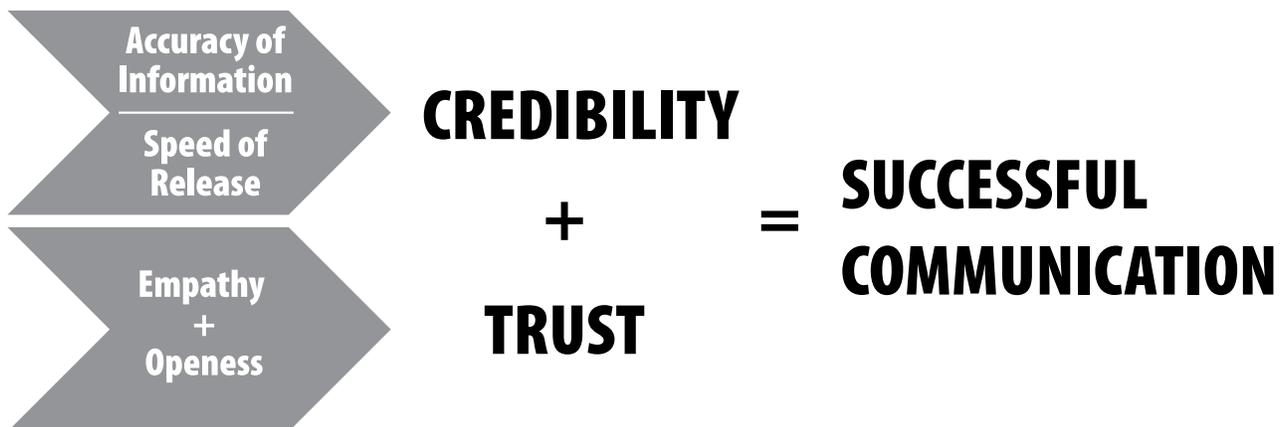
- » Don't be paternalistic. Instead, give people choices and enough information to make informed personal decisions.
- » Communication systems and procedures may limit your ability to reveal information. Be realistic about this. Don't pretend the information is not available. Instead, explain why the information isn't available for release at the time. You might offer an explanation such as, "We are checking the information" or "We are notifying our organization."
- » Openness means allowing the public to observe the process while reminding them that it is what drives the quality of the emergency response.
- » Avoid using professional jargon and euphemisms—they imply insecurity and lack of honesty.

"As far as dealing with the public, you have to be totally honest. You can't hide anything. If you don't know the answer, don't be afraid to say that. Tell the people what you know and what you don't know."

*Dennis Walaker,
Mayor,
Fargo, North Dakota*

There is simply no substitute for an honest and open response.

Figure 3–2. Elements of Successful Communication





Making Facts Work in Your Message

Message characteristics are important elements to consider in the overall communication process. You may have control over the message content, form, and timing. However, communication during a crisis is different than routine communication.

The following factors are important to consider when creating initial messages about a crisis:

- **Present a short, concise, and focused message with limited detail:** Use a 6th-grade reading and comprehension level. When people are scared or anxious, they have a hard time taking in and remembering large amounts of information. Get the bottom line out first. Very soon, the public will want more information. It should be made available in ways that allow the public to access as much as they want. A method for assessing reading level can be found at www.sph.emory.edu/WELLNESS/reading.html.
- **Cut to the chase:** Only include immediately relevant information in the very first messages. Don't start with a lot of background information. Don't spend a lot of time establishing yourself or your organization. A sentence or two should be enough. Provide what's critical for the public to know.
- **Give action steps in positives, not negatives:** Use messages such as, "In case of fire, use stairs," "Boil drinking water," and "Stay calm," which are positive messages. Negative messages are messages such as, "Do not use elevator," "Don't drink the water," and "Don't panic."
- **Repeat the message:** Reach and frequency are common advertising concepts. They suggest that messages are more apt to be received and acted upon when the number of people exposed to the message (reach) and the number of times each person hears the message (frequency) go up. Repetition also helps with recall, especially during a crisis.
- **Create action steps in threes or fours, or create an acronym:** These are ways to make basic information easier to remember, such as "clean, separate, cook, and chill" for food safety or "stop, drop, and roll" as a fire safety technique. "KISS" (keep it short and simple) is an acronym often used to describe effective communication.

"During a crisis, it's really hard for people to really hear what you're saying. So repetition becomes essential. But with repetition, you have to make sure your messages are consistent."

*Richard Besser, M.D.,
Former Acting Director,
Centers for Disease Control
and Prevention*

In an emergency, people absorb about three simple directions at any one time. Somewhere between three and seven pieces of information is the limit for most people to hold in short-term memory. It makes sense in the stress of an emergency to ask your audience to remember fewer bits of information.

Here are two examples of messages that provide a few basic points that are easy to remember:



- “Anthrax is a bacterium that is treated with antibiotics. Anthrax is not transmitted from person to person. Seek medical care if you believe you have symptoms of anthrax: fever, body aches, and breathing problems.”
- “Take time to get a flu vaccine. Wash your hands regularly to help prevent the spread of germs. Take flu antiviral drugs if your doctor prescribes them.”

With messages like these, the public will soon want access to much more information.

- **Use personal pronouns for the organization:** Pronouns personalize the message and help with credibility and identification. Use phrases such as, “We are committed to ...” or “We understand the need for ...”

When Lieutenant General Russel Honoré, a native of Louisiana, came to New Orleans to take over Hurricane Katrina relief efforts, he recognized that the people had been waiting days for relief and were frustrated with FEMA efforts. In his comments to CNN on September 2, 2005, Honoré showed he was “one of them” and would keep the focus on humanitarian relief.⁷ He said:

“The mood here, of the people, are they are anxious to get out of here. They would rather be home. And we are going to take them from here, and get them to a place where they can have more of a normal life, with a place to sleep, and with some degree of comfort. But the people, by and large ... these are families that are just waiting to get out of here. And they are frustrated. I would too. I get frustrated at the cash register counter when the paper run out. This is not an instant solution. And it’s hard work, and they are frustrated. And in a way, we are too. But we’re doing our best. We got the resources started, and we’re going to continue to flow them now we’re at the Convention Center.”⁸

- **Avoid technical jargon:** Jargon creates a barrier between the sender and receiver. Avoid creating this barrier by saying certain things in less complex ways. For example:
 - Instead of saying “people may suffer morbidity and mortality,” say “people exposed may become sick or die.”
 - Instead of “epidemic” or “pandemic,” say “outbreak” or “widespread outbreak.”
 - Instead of “deployed,” say “sent” or “put in place.”
 - Instead of “correlation,” say “relationship” (avoid using “cause”).
 - Instead of “surveillance,” say “monitoring.”
- **Do not use unnecessary filler:** Background information and details can be saved for other times and outlets, such as fact sheets.
- **Avoid condescending or judgmental phrases:** Do not use statements such as:



- “You would have to be an idiot to try to outrun a tornado.”
- “Only hypochondriacs would need to walk around with a prescription for Cipro.”

Both ideas have crossed the minds of people who are neither idiots nor hypochondriacs. Nothing good happens by insulting audiences with words or the tone of your voice. That doesn't mean you should condone the behavior. Instead, you should validate the impulse, but offer a better alternative and the reason why it's better.

- **Attack the problem, not the person or organization:** If criticism of a person is absolutely necessary, such as someone who has given wrong information, first address the information, and then suggest that there may be better sources.
- **Promise or guarantee only what can actually be delivered:** Promise what you can deliver. Furthermore, promise to remain committed throughout the emergency response. In general, the principle of under-promising and over-delivering is particularly important during a crisis.
- **Avoid speculation and assumptions:** Avoid playing worst-case scenario. Stick to the known facts. If there is no information suggesting an outbreak involves Ebola, avoid mentioning it. If the facts are not known, don't fall into the “what ifs.” Instead, describe the steps you are using to get the facts and help the audience deal with the uncertainty while all the facts are uncovered. Speculation weakens credibility and may create needless anxiety.
- **Avoid discussion of money:** In the initial phase, discussion of the magnitude of the problem should be in context of the health and safety of the public or environment. Loss of property is secondary. The amount of money spent on the crisis is not a substitute for the level of concern and response from organizations.
- **Avoid discussing liability:** Questions of cause, blame, responsibility, and liability often follow a crisis. It is not appropriate to discuss them at the early stages. Instead, use statements like “Our focus right now is on containing the situation.”
- **Do not use humor:** Seldom if ever is humor a good idea. People rarely get the joke when they are feeling desperate. Humor is a great stress reliever behind closed doors. However, be aware that microphones are often on and cell phones can easily capture a behind-the-scenes moment. Anyone who has responded to an emergency knows that inappropriate humor sometimes creeps in as a coping mechanism. Be cautious not to offend others who are responding to an emergency, even behind closed doors. Remain sensitive when speaking to the public. One person's attempt at humor may be another's insult.

Using CERC Principles



Pre-crisis Phase: Building Consensus for Actions



The pre-crisis phase is an important time when consensus can be developed about response strategies. Leaders should be pressured to finalize protocols for action. These pre-crisis actions can save valuable time during an emergency. In addition, audiences can be educated about risks and encouraged to prepare. It is also a time when carefully crafted messages can help build consensus around recommendations for action and facilitate planning. Messages built around the following strategies will help increase effective planning and preparation:

- Increase the expected gains from planning and preparation and decrease the expected costs.
- Increase the social pressure for preparation and planning.
- Improve the individual's ability to act by educating and providing information.
- Decrease the desirability of competitive alternative actions that may be taken instead of planning.

For example, if you want to encourage a community to prepare family emergency kits, consider doing the following:

- **Increase expected gains:** Share anecdotes about families who had kits and how they benefited from them in earlier disasters. Offer several possible cases where the kit would be important.
- **Decrease the expected costs:** Decrease the expected cost for a kit and explain what a family can receive for the price. Point out its longevity and value as a safety product for the home.
- **Increase social pressure:** Involve the community neighborhood watch program in promoting the development of kits. Ask community- and faith-based organizations to also help promote emergency kits. Ask neighbors to help each other develop kits specific to the community's anticipated needs. Use all communication channels to share information about civic groups involved in kit projects.
- **Improve the individual's ability to act:** Make the list of kit items easy to use and widely available. Encourage partner retailers to discount safety kit items during key times of the year, such as during hurricane season in Florida.
- **Decrease competitive alternatives:** Explain how putting together kits need not cost much, nor take much time. Explain that expensive prepackaged kits are less desirable, because they are not designed for each family's individual needs.



Consider a second example. What if there's a targeted population that remains indoors during the course of an infectious disease outbreak? This group may not want to travel to the emergency room or hospital during the outbreak, but you might consider the following:

- **Increase the expected gains:** Self-imposed isolation will protect people from unnecessary exposure. It is possible to avoid red tape and emergency room waiting time if they call a community nurse hotline. A trained nurse will assess their risk by phone and empower them to make the best decision about additional care.
- **Decrease the expected costs:** If the nurse agrees that a doctor or hospital visit is needed, an e-mail of the hotline contact with the patient's name will be placed on a reservation list at the medical facility. This will give the patient priority in the waiting room, meaning he or she will be placed ahead of those who have not gone through the screening process.
- **Increase present social pressure:** Engage community, civic leaders, and trusted health-care professionals to present the benefits of using the hotline. Messages by leaders can explain the reduction of confusion by allowing dedicated health-care workers to treat those in immediate need of care.
- **Improve the individual's ability to act:** Widely publicize a toll-free number, ensure that contact is made with little or no waiting, and ensure that a satisfaction check is made before the call ends.

Culture and Your Message

Culture is a complex set of values, ideas, attitudes, and symbols that shape behavior.⁹ It consists of the language, beliefs, behaviors, objects, and traditions that are characteristic of members who belong to a particular group. This may be a society, a nation, an institution, a regional group, or an ethnic group. Bear in mind the following aspects of culture:

- People self-identify through their cultural affiliation and take meaning from their experiences.
- Cultural norms are transmitted from one generation to the next and to new members as they identify with that group.
- People can belong to several cultural groups at the same time. Most people identify to one degree or another with their primary culture. But people are also members of smaller subgroups within this larger culture. This includes groups based on community, region, religion, or ethnicity.
- Culture is adaptive. As the needs of a society change, its values change to meet those needs. Because cultural norms influence how people live and behave, culture has important implications for communication, including emergency communication.

The United States is culturally diverse, and growing more so. According to the 2010 U.S. Census Bureau report, minorities are about 35% of the U.S. population. In addition, almost 20% speak a language other than English at home and 12% are foreign-born. It is estimated that these minority populations will



become the majority by 2042 with one in three U.S. residents being Hispanic. By 2023, more than half of all children will be of a minority race.

Public health communicators need to be aware of the cultural diversity in the populations they serve. They also need to be aware of how cultural factors affect communication during a crisis:

- **Language:** About 30 languages are commonly spoken in U.S. households. English is the most common, spoken by about 82% of the population. Spanish is the second most common, spoken by about 12%.¹⁰
- **The perception of risk:** Different cultures have very different experiences with risk¹¹ and have often developed specific methods of risk management. For example, African Americans in New Orleans saw how Hurricane Katrina affected their community disproportionately. Some communities have cultural practices, such as eating potentially harmful foods, that enhance their risk of illness. Discussions of risk should be sensitive to these cultural differences.
- **Beliefs about institutions, including government:** Cultural and ethnic groups often develop their own institutions, such as faith-based organizations, social groups, nongovernmental organizations, and political organizations and identify with those institutions. Some may have had different experiences with government agencies and may not trust that agencies are always helpful or care about their values.
- **Credible sources of information:** Cultural groups often develop their own networks of communication. Ethnic media outlets, such as newspapers, radio stations, television stations, and Internet-based media, are among the fastest growing media in the country. They are particularly important sources of information for new Americans.
- **Rituals for grieving and death:** Most cultures have specific, relatively unique beliefs, rituals, and practices for death, dying, and grieving. These may be impacted during a crisis. For example, some cultures believe that grieving should be intensely private. They may feel that the presence of the media interferes with this practice.
- **Beliefs about family relationship and roles:** Many cultures and ethnic groups look to their family as the main point of cultural reference. Families can exert strong influences on individual behavior. In fact, specific expectations and roles can develop for various family members such as a father, mother, and first-born son.
- **Beliefs about acceptable and appropriate forms of communication:** Cultures may dictate communication protocols, including rules for who talks to whom and who represents or speaks for the family or even a community. Norms may exist for how direct

“Some tribes still place a lot of stock in their spiritual leaders. So you have to work in conjunction with them in order to get that message out to the people on the reservation or within that community.”

*Sharon KD Hoskins;
Office for State, Tribal, Local, and
Territorial Support;
Centers for Disease Control
and Prevention*



messages can be and which nonverbal messages, such as eye contact or hand movement, are appropriate.

- **Emphasis on the individual versus the group:** Some cultures emphasize that the rights and needs of the individual are more important than those of the group or community. Others believe that the needs of the group should take priority. These differences may influence the kinds of risk messages that are prepared and the ways in which communities respond to a crisis. In one case, vaccinations may be offered to individuals and promoted as a way to protect one's self. In the other case, families may be encouraged to get vaccinated as a group.

Culture is among the most complex communication issues to manage during a crisis. The more you know about a particular cultural group, the greater the chance your communication will be effective.

There's little time to acquire detailed cultural knowledge during a crisis. You may need to turn to a cultural agent, a person from that culture, perhaps a leader or respected elder, who can help you understand how a particular culture will view an issue. Be aware that cultures are not always unified. It may be challenging to find a cultural agent who is accepted by all. It is important to build ties to various ethnic and cultural communities before a crisis occurs, as illustrated by the case presentation at the end of this chapter.

Organizing Information for Emergency Response Presentations

Public health emergencies come in varied sizes and durations. After the initial response occurs, you may need to present updates or background information to community leaders, decision makers, Congress, or citizens. Perhaps you will need to explain certain recommendations made at each step of the recovery effort.

Depending on the purpose of the presentation and any expected resistance to the message, the way your information is presented can help open audiences to receive it. Consider the following points in arranging key ideas:

- If a message arouses exceptionally intense feelings of anxiety, people tend to ignore any message content that follows. People must be prepared for messages, especially those likely to evoke emotion. Give listeners an opening statement to increase their recognition and attention level. Your introduction should:
 - Prepare the audience for the upcoming subject.
 - Acknowledge its emotional effect.
 - Tell them that you will go over the material as many times as necessary.



- Listeners will tune the speaker out if they suspect that his or her message will not confirm their beliefs or opinions. Look for those elements you know you share with your audience and upon which you agree. Start with those common elements and build on them.
- Messages can inoculate audiences by providing a small dose of a counter argument first. This is similar to the way a mild dose of a disease organism can inoculate a person. With controversial issues, it is helpful to acknowledge to your audience that other perspectives and opinions exist, and that some people may disagree with your position.

See Hurricane Katrina Emergency Communication Response, U.S. Gulf Coast, 2005, at the end of this chapter for a case study of how communication messages were adapted by CDC to meet the audience's needs for the long duration of the response.

Several kinds of presentations are described in the following sections. They relate to presentations public health officials may be asked to make during and after a crisis. In all cases, developing an outline of the main points and supporting information before creating the message works well. Information can be organized and presented using a variety of patterns. (See Table 3-1 below for a list of the presentation patterns discussed here)

Presentation Types Based on Situation

■ **Sharing New Information When Facing Little or No Resistance:**

- Using a direct pattern for organizing main ideas, as well as a conclusion, is often effective in presenting crisis information:
 - » Develop the idea with supporting information.
 - » Present the bottom line up front; this will be preferred by most busy decision-makers.
 - » Don't save the big idea or main conclusion until last. This will increase expectations. For example, if you waited until the end of the presentation to announce that the actions you advise will decrease the spread of infection by 25%, your audience may be expecting that these actions would stop all spread of the disease. They will be disappointed. By stating projected outcomes first, you can set clear expectations.
- Persuasive presentations sometimes benefit from a more indirect pattern. This may involve building the argument with secondary concepts until you offer the most powerful argument. You might choose to list each of the benefits of a new public health policy and finish by saying something like, "it will save lives and also save billions over the next 10 years."

■ **Progress Reports and Instructions:**

- Often, progress reports and step-by-step instructions are best organized chronologically. Progress reports, such as updates on a response, might begin with the first actions taken and then proceed to the most recent. This chronological pattern helps the listener follow where you've been and where you're going. However, this technique can be overused, especially if



there are frequent updates. It remains a useful pattern if listeners need to understand the ongoing development of ideas.

- Also consider a priority order pattern for progress reports. In this pattern, the most significant point is presented first with other developments following in descending order of importance.
- When offering step-by-step instructions, such as how to assemble an emergency kit, present information using a chronological pattern. Number the steps. This makes it much easier for the audience to follow instructions. Also, keep the instructions brief, yet easy to understand. Remember that people generally can only retain about five to seven pieces of information in their short term memory.

■ **Problem Solving:**

Use the criteria-application pattern for presentations that offer a solution to a problem:

- Early in the presentation, suggest criteria or standards for evaluation; then, compare solutions or choices against those standards. The criteria should describe the best possible case and then explore available options.
- This approach highlights the underlying reasoning and decision-making process.
- As long as the audience agrees with the decision criteria, it can be very persuasive. It invites the audience into the decision-making process.

■ **Explain Why Something Happened:**

Use the cause-effect pattern to explain how something occurred or to help predict the consequences of an action:

- It's easy to confuse cause and effect, so apply this pattern carefully. Cause is not always clear, particularly when it involves a crisis.
- Be careful not to simplify your conclusions or make them too optimistic with statements such as, "If only we had a training program for administrators, we wouldn't have such difficulty getting decisions finalized in an emergency."
- Be very careful not to speculate when using this approach.

■ **Teach a New Concept or Process:**

One way to teach a new concept is for the speaker to begin with something familiar or already known by the listeners and move to the unknown or more complex. By using an increased difficulty pattern, you can help your audience take in complex information in a way they can accept.



Table 3–1. Types of Emergency Response Presentations

Type of Presentation	Methods of Organizing	Benefits
Sharing New Information When Facing Little or No Resistance	<p>Direct Pattern: The main idea or conclusion is presented first, and then developed with supporting information.</p> <p>Indirect Pattern: This approach builds an argument with secondary concepts and provides the most powerful argument at the end.</p>	<p>Direct Pattern: This makes the main idea clear so the audience doesn't assume certain expectations of solution or outcomes.</p> <p>Indirect Pattern: This shows specific examples or lines of reasoning that lead audience to a particular conclusion.</p>
Progress Reports and Instructions	<p>Chronological Pattern: This shows how several events developed over a period of time or offers step-by-step instructions.</p> <p>Priority Order Pattern: This presents the most significant point first with other developments following in descending order of importance.</p>	<p>Chronological Pattern: This helps the listener follow progress points of where you've been and where you're going, and makes it easier for the audience to follow instructions.</p> <p>Priority Order Pattern: This is good for progress report presentations when there are time constraints or when you've already given several progress reports.</p>
Problem Solving	<p>Criteria-application Pattern: Criteria or standards for evaluation are suggested first and then solutions or choices are compared against criteria.</p> <p>Criteria should describe the best possible case and then explore available options.</p>	<p>Criteria-application Pattern: This is persuasive because it highlights your underlying reasoning (as long as the audience agrees on decision criteria). It also invites the audience into the decision-making process.</p>
Explain Why Something Happened	<p>Cause-effect Pattern: This explains how something occurred or helps predict the consequences of an action.</p>	<p>Cause-effect Pattern: This is persuasive, but be careful that conclusions aren't too simple, too optimistic, or based on speculation.</p>
Teach a New Concept or Process	<p>Increasing Difficulty Pattern: Start with something known by the audience and add more complex concepts.</p>	<p>Increased Difficulty Pattern: This helps the audience take in complex information in a way they can accept.</p>



Presentational Dos and Don'ts

Speaker credibility is a key factor in holding audience attention and persuading them through your message. The following are some dos and don'ts that can enhance your presentation—as well as your credibility.

■ **Dress for success:**

- Do wear something that conveys professionalism and experience, such as a suit, uniform, or lab coat. It should also be comfortable.
- Don't wear costumes that reflect someone other than who you are and what you do. For example, don't wear a white lab coat and stethoscope if you are not a clinician.

■ **Be prepared:**

- Do know your presentation information.
- Do know the room and the technology in the room.
- Do anticipate potential questions ahead of time.

■ **Keep the target audience in mind:**

- Do focus your presentation on whom you are trying to reach, such as the public, public health officials, or government officials.
- Do remember that reporters are there to help get your message to the public. They are not the final or only audience.

■ **Start the presentation well:**

- Do choose the right opening. The wrong opening words can destroy credibility.
- Don't start by apologizing with statements like, "Unaccustomed as I am to public speaking," or "I'm here to bore you with a few more statistics."
- Don't begin with something that may be considered offensive, like an off-color joke or a sarcastic or ridiculing statement. Don't start with a gimmick like writing the word "sex" on your presentation graphic.
- Don't start with the same opening regardless of audience or situation, because the audience will recognize a canned presentation.
- Do get the audience's attention by introducing your subject, establishing your credibility, and previewing your main ideas.

■ **Use supporting visual aids:**

- Don't use visual aids that are distracting. They should support the information you are presenting. Visual aids such as PowerPoint presentations should emphasize main points. They



may also help your audience understand complex or statistical information via charts and tables.

- Don't make visuals and text complex by using too many bullet points, text, fonts, or colors that are difficult to read.
- Don't have too much information crammed on a single screen.
- Don't use images that are too graphic.
- Don't use colors that traditionally show danger such as red or orange.
- Don't use presentational gimmicks, such as distracting visual effects, for images when discussing a crisis.
- Do practice with presentation aids ahead of time. This is imperative. Your message is lost if your audience is focused on why the next slide isn't working or why the video won't run.

■ **Convey appropriate emotions:**

- Do convey calmness and confidence through posture, tone of voice, facial expressions, and gestures. Because your audience will make emotional connections with you through your delivery, your calm and confident nonverbal cues will help the audience remain calm and confident in their own actions.
- Don't fidget or smile while talking about a tragic situation. This can contradict what you are saying.
- Do use empathy to convey care and concern towards the public during your presentation.

Additional Considerations for Presentations Before, During, and After a Crisis

When the purpose of communication is to make a call to action or change behavior, it is important to be aware of the target audience. Crises take a wide variety of forms. It is often hard to predict what issues or factors might arise. Ask yourself questions like the following:

- "Who are they?"
- "What do they believe now?"
- "Are you a credible source of information for them?"

These types of questions will help you build a successful presentation. In addition to knowing the audience specifically, there are a number of points to keep in mind. This is especially true when building a case for action. Some factors you as communicators should take into account when preparing messages follow:

- Audiences selectively receive and interpret messages based on their existing knowledge, attitudes, beliefs, and current needs.



- Listeners are more receptive to a message that is consistent with their attitudes and beliefs.
- Messages phrased in terms of the listener's interests and needs are more successful than those given from the speaker's point of view. Using statements such as, "Follow the rules for safe generator use; help protect you and your family from carbon monoxide poisoning," demonstrates a benefit for the audience.
- Persons with high self-esteem are less readily influenced than those with low self-esteem.
- Overtly hostile or excessively apathetic listeners are less likely to be influenced by your messages.
- Mental, verbal, or physical listener participation improves the chance that messages will influence them. For example, you might say something like, "Raise your hand if you have planned an evacuation route."
- Some audiences respond more to facts or logical appeals. Some respond more to emotional appeals, and some are influenced primarily by the speaker's credibility.

Group Influences on the Effects of Your Messages

Group influences are critical, especially during the uncertainty of a crisis. A person's intention to take a particular action will depend both on his or her perception of consequences and on the perception of others' wishes. Health-care workers and physicians can be important sources of social influence, as can family, community, and culture.

For someone to move to action, he or she must see a personal benefit to taking the action and believe the action can be accomplished. Seeing or hearing that others are taking actions, such as getting a flu shot, can be a powerful social influence. Consider the following points about your audience:

- Listeners are often influenced by beliefs shared by those around them.¹² Their tendency is to conform.
- Listeners may discount the speaker's message if it is counter to the norms of the group. A listener's tendency to accept that message is inversely related to the value he or she places on group membership.
- Audience members will be searching for nonverbal cues¹³ from other audience members to confirm or refute the speaker's message.
- Some members of your audience may be influenced by seeing others take action. This is a critical factor in some recommended emergency actions, such as evacuations.
- Your audience may see that their behavior will involve a tradeoff between positive and negative consequences. Your target population will be asking themselves many of these questions:
 - What will I gain if I accept this proposed behavior?
 - What will it cost me to do it?



- What do those who are important to me want me to do?
- What are other people around me doing?
- Can I actually carry it out? Do I have the resources and capacity?
- How can I confirm this information?

If answers to those questions are offered in a candid and satisfactory manner, the proposed action may be more readily accepted. The more socially desirable and easily undertaken a recommended action is, the more likely that it will be accepted.

Communicating About Death One-on-one

During a catastrophic event, where people are ill, dying, or in need of treatment, it might be your job to talk with individuals about the current situation. A significant body of literature describes the importance of expressing empathy and empowering decision making^{14,15} between the medical professional and the patient in a medical-care setting. However, most of this work assumes the luxury of time that usually does not exist in a crisis situation.

You may be recruited for the first time to educate patients or speak to groups during a crisis, even if you do not have much experience with patient-professional dialogue.

In addition, if an evolving disease outbreak in a community begins to involve members of the response teams or their families, supervisors and team leaders may find themselves engaged in supportive conversations. The following are some basic thoughts about communication in an intimate but highly emotional public health emergency situation:

■ Empathize with the person and their family:

- People indulge in serious, intense, and meaningful communication only for short time periods.
- Small talk can provide important hints about a person's concerns.
- Privacy and confidentiality are important requirements. Ensure that all information shared will be kept private, and find private spaces for these types of conversations.
- Allow communication free from interruptions. Strong reactions such as crying shouldn't be interrupted.
- Do not to answer questions outside of your area of expertise. Get permission from the individual to refer him or her to an expert.
- Emergency-response personnel sometimes try to mask their emotions behind their professional role. Professional counseling should be made available as soon as possible.



■ **Listen carefully:**

- Place the speaker's needs above your own.
- Use open and accepting body language; do not cross your arms.
- Always be honest in responding.
- Do not interrupt to give advice.
- Accept moments of silence.
- Much communication is nonverbal, particularly during highly emotional times.

■ **Be careful:**

- Think about the meaning of the words and the gestures.
- Value judgments may hinder communication and understanding.
- Teasing belittles the individual.
- Assigning blame can cut off communication.
- If a person tenses at your touch, withdraw.

■ **Use personal messages:**

- Use the name of the person to whom you are talking in the conversation.
- Ask a clarifying question like, "Can you help me understand?"
- Allow the conversation to evolve. Accept silence and don't push a dialog where you hope it will go, if it doesn't go there naturally.
- Be sensitive to a person's nationality, ethnicity, religion, age, and emotional state.
- When possible, use the words the person uses.
- Self-disclosure may help the person expand on the topic.
- When responding to someone, say "you're crying" instead of "you're sad." This allows the person opportunity to share the feeling behind the action.
- How something is said is often more important than what is said.

■ **When speaking to grieving family members :**

- Presence is often more important than conversation.
- Family members may voice feelings with strong emotion such as "I don't know how I'm going to live without my husband" or "Why would God allow this to happen?"



- Short statements of condolence, such as “I’m so sorry,” “This is a sad time,” or “You’re in my prayers,” are enough of a response.
- Use “death” or “dying,” not softer words, as many people feel uncomfortable with statements like “expired” or “received his heavenly reward.” Use the same words as the grieving person to respect cultural differences.
- Refrain from platitudes like, “She lived a good life” or “She is no longer suffering”—statements like that can trivialize the family’s loss.
- Avoid sharing your personal experiences of death and grief, so you can keep the focus on the family member.
- Be careful to avoid sending signals that you are distracted or need to do something else. For example, don’t glance at papers, your watch, the elevator, the clock, or others in a conversation. Focus on the person, and speak gently, without haste.
- Offer support, don’t wait to be asked.

Audience Feedback

Feedback is a critical part of the communication process. It allows the sender to understand how the message is received and how it is being interpreted. The sender then has the ability to adjust the message and improve its effectiveness. Unfortunately, emergency and crisis conditions are usually not conducive to effective feedback.

Pre-event planning is the time to develop the mechanisms you use to obtain and analyze feedback from target populations. Understand how this information will be used in reassessing communication. When you plan your feedback mechanisms, consider the following points:

- Response operations should be planned. When they are, you will have straightforward methods of obtaining feedback.
- Listen to your target populations. Comments will be direct or through the media. In addition, community leaders and advocates, congressional representatives, and lawyers will have their say.
- Be sure there are open channels between the public and your organization. Solicit public feedback.



Reality Check

In the heat of a public health emergency, public feedback can be too little or too much:

- People in a disaster zone may not have any means of communicating with you.
- Feedback can be so frequent as to overwhelm your operation. It may be impossible to answer every person individually.
- It is possible to employ an automated system that says “we’re interested in what you have to say” and offers a place where frequently asked questions can be found.

Provide the public with toll-free public information lines, an e-mail address, and a U.S. postal address for comments before and during an emergency. The more public outrage the event generates, the more opportunities people will need to express themselves. These messages can be valuable to you as a communicator. They will help you understand:

- What questions need answers
- What is most upsetting
- Which items need further explanation
- Which recommendations are not working

A member of the public may begin with a question during a phone call but end with a concern. Be sure public response services can answer questions and detect trends in public comments. It’s not just about pushing information out; it’s also about receiving feedback.

It’s possible that the questions from the public may provide clues as to what the media will soon be asking. For example, immediately after the September 11, 2001, tragedy, CDC public response lines were indicating topic trends from the public before information reached the media. The predictive value of early feedback can help your communication team manage issues instead of simply reacting to them.

In addition to monitoring direct feedback, you can also get a feel for the public’s responses to the emergency through traditional and social media monitoring. If a rumor takes flight on the Internet, you must know about it in order to respond. The media can reflect public reaction.

Use common content or trend analyses to compile a useful report for your public health emergency leaders. Tell them quickly when your analysis shows that something is or is not working. You may not be the most popular member of the team in this role, but it’s vital that the public’s input is taken into account.



Message Template 3–1. Message Development for Emergency Communication

First, consider the following:

Audience	Purpose of Message	Method of Delivery
<ul style="list-style-type: none"> • Relationship to event • Demographics (age, language, education, culture) • Level of outrage (based on risk principles) 	<ul style="list-style-type: none"> • Give facts/update • Rally to action • Clarify event status • Address rumors • Satisfy media requests 	<ul style="list-style-type: none"> • Print media release • Web release • Through spokesperson (TV or in-person appearance) • Radio • Other (e.g., recorded phone message)

Six emergency message components:

- Expression of empathy**
- Clarifying facts/Call for action**
 - Who
 - What
 - Where
 - When
 - Why
 - How
- What we don't know:**
- Process to get answers:**
- Statement of commitment:**
- Referrals:**
 - For more information
 - Next scheduled update



Finally, check your message for the following:

- Positive action steps
- Honest, open tone
- Say “we” not “I”
- Careful with early promises (can you do it?)
- Use simple words, short sentences
- Apply CERC principles
- No jargon
- No judgmental phrases
- No humor
- No extreme speculation

Case Study: Hurricane Katrina Emergency Communication Response By CDC, U.S. Gulf Coast, 2005

(Extracted from Vanderford, Nastoff, Telfer, and Bonzo, 2007)³

One recent case where crisis communication principles were applied to public health was CDC’s response to Hurricane Katrina in 2005. This case study discusses the strategies and tactics used by CDC’s Emergency Communication System (ECS) during the Hurricane Katrina response and how they were adapted to the situations. These strategies helped meet the challenges posed by the extended nature of the disaster and by the failure of most electronic communication systems in the disaster zone.

Hurricane Katrina made landfall three times during August 23–29, 2005, when it reached Louisiana. The hurricane produced storm surges greater than any previously recorded. About 80% of New Orleans’ 485,000 residents were evacuated, and an estimated 1,220 deaths were blamed on the storm. Along the Gulf Coast, about 1.7 million households in Alabama, Florida, Georgia, and Mississippi were without power. In response to the extensive destruction and related public health threats, CDC deployed more than 600 staff members to provide technical assistance in affected areas. Another 500 were deployed to CDC’s Emergency Operations Center to execute response plans, develop needed resources, provide offsite leadership about potential health risks, and mitigate adverse health effects.

Along with providing science and medical professionals, CDC activated its ECS. The ECS included health communication, education, and public affairs specialists. They provided a coherent communications framework, coordinated surge capacity, and ensured that critical health protection messages could be delivered to diverse audiences, including clinicians, affected communities, and state and local public health officials, through multiple channels, including the Web, mass media outlets, hotlines, and CDC’s Health Alert Network.



Communication Activities and Challenges During Emergency Response

As Hurricane Katrina made landfall, creating flooding and power outages, CDC's communication specialists were faced with three primary challenges: to distribute health and safety messages rapidly, to adapt messages to diverse communities, and to address evolving needs for health information.

Challenge Number 1: Rapid Message Distribution

The speed with which an agency responds to the public can be a sign of how prepared they are. A fast response accomplishes the following:

- It builds credibility.
- It lets the public know there is a system in place.
- It reassures the public that appropriate actions are being taken.

For the response to Hurricane Katrina, power outages were more extensive and sustained than in previous efforts. This prevented rapid distribution of health messages to the public and other public health officials. In addition, CDC's dependence on electronic channels like websites, radio, and television, severely hindered its ability to deliver health information. When CDC tried to deliver printed copies of the information, delivery services and CDC trucks could not reach the area because of impassable roads.

CDC turned to local, face-to-face channels for delivering health-protection messages. Thirty health communication, health education, and public affairs specialists were sent to local and state health departments in Louisiana, Mississippi, and Texas. The staff helped identify and fill information needs, helped Atlanta-based staff develop and adapt needed health messages, and identified and used whatever local communication channels were available. They also assisted local agencies by hand delivering printed copies of health information to workers and affected communities.

CDC used emerging partnerships with organizations such as the American Red Cross, faith-based organizations (FBOs), major home improvement retailers, and long-term shelters and evacuation centers. FBOs were seen by the public as trusted sources of health information and were already established in their communities. CDC sent health information to approximately 300 FBOs during the response. In turn, the FBOs made CDC aware of available communication methods and delivered health messages to underserved populations.

Challenge Number 2: Message Adaptation for Local Use

Despite developing health messages to reflect literacy levels and diverse cultural contexts prior to the disaster, the Hurricane Katrina response revealed that substantially more adaptation was necessary. A primary request was to rewrite messages for low-literate audiences. In addition, requests for primarily visual messages or pictograms created a special challenge to maintain scientific accuracy of information



while persuading individuals in their current circumstance to use the information. For example, chainsaw safety messages included wearing pants, boots, and long sleeves as well as buying ear and eye protective gear. However, these recommendations were not accepted. They were ignored in the hot, humid Gulf Coast or were seen as too expensive.

In response to this problem, ECS created easy-to-read versions for low-literate audiences on topics ranging from mold cleanup to hand sanitation. CDC also created a set of cards similar to playing cards that contained simple prevention messages. The cards were later adapted for Hispanic-American and Vietnamese-American evacuees. In addition, text was translated to pictures, and some pictures were simplified to line drawings or pictograms that used international symbols. Graphic artists worked with ECS for 10 days to develop these pictograms. They included accurate, credible information that was also easy to understand and culturally appropriate.

CDC also adapted public health messages to increase the credibility of the information. Many Gulf Coast residents blamed the federal government for the slow and inadequate response to the storm. Some state and local agencies thought local residents would not find health information from federal agencies credible. To overcome this opinion and relay CDC's health protection messages, CDC helped state and local agencies replace the CDC logo with logos of local agencies.

Challenge Number 3: Extended Emergency Response

Most emergency communication plans treat the crisis response stage as one unified stage needing a single set of health information messages. In an extended emergency, however, it may cause you problems if you overlook the multiple, distinct phases that represent the response stage.

The emergency response stage of Hurricane Katrina lasted for more than a month. Early in a response, primary needs include the following:

- Accessing clean water
- Acquiring shelter
- Maintaining personal safety and security

Until those primary needs were met, providing information on topics such as chainsaw injury prevention, stress management, and mold cleanup was not practical.

CDC soon discovered that new health information needs became known and evolved as the crisis response focus changed. For example, health information was initially needed to protect people from storm winds and falling debris. Later, information was needed to prevent drowning, avoid driving in flood waters, protect against electrical hazards, and prevent carbon monoxide poisoning. As evacuees packed evacuation centers, other health information needs emerged such as promoting hygiene, controlling infection, managing stress, and managing chronic diseases.



Lessons Learned by CDC's Communication Staff

Katrina demonstrated many challenges to effective health information in the aftermath of a large-scale natural disaster. These included how to develop low-technology delivery systems for public health and safety information, how to create systems for easier and faster adaptation of hurricane-related messages, and how to release disaster-related health information in phases, particularly in an extended emergency.

- **Improving Low-tech Information Delivery:** Local organizations are essential links between residents at disaster and recovery sites, and federal agencies trying to distribute health protection information.

CDC continues to solidify and formalize partnerships with local groups encountered in the later stages of Katrina, including the American Red Cross, Salvation Army, home improvement retailers, and FBOs. This includes increasing CDC's understanding of these groups' needs and interests by developing relationships before an emergency occurs.

- **Developing Systems for Faster Adaptation:** CDC continues to develop automated systems to quickly and easily tailor materials. These systems include the following:

- Key documents that allow images, including logos, to be inserted and deleted easily
- An image library with visual elements that are appealing to different audience segments
- Versions reflecting different literacy levels
- Versions with and without CDC and HHS logos

The system allows for new versions of critical messages to be created quickly while maintaining consistent messaging. Although power outages may prevent health departments from accessing the system, CDC staff members in Atlanta can meet adaptation needs of local communities more quickly. In addition, CDC provides multiple versions of the same messages identified by the following:

- Literacy level
- Audience
 - » Clinicians
 - » News media
 - » Public
 - » Emergency responders
 - » Public health workforce



- Context
 - » Schools
 - » Clinics
 - » Evacuation centers
- » Source
 - » With CDC logos
 - » Without CDC logos

These multiple versions are offered to provide an enhanced library of health messages to meet local needs.

■ **Releasing Messages in Multiple Phases During Crisis Response:**

Based on reviews of communication during Hurricane Katrina, CDC has developed a multiphased approach (see Table 3-2) to emergency response for extended disasters relating to hurricanes and flooding. The following list provides an example of a multiple-phased approach.

- The period immediately preceding the storm through the first 24 hours after the storm
- 1-3 days after the storm
- 3-7 days after the storm
- 2-4 weeks after the storm
- 1 month and longer after the storm

You can use monitoring and analysis during a disaster to determine whether messages distributed in early phases need to be reissued later. This may be done to address persistent health threats or previously ineffective or unevenly distributed health information.

The phased approach to disaster planning can help communication responders deliver health information to meet immediate needs and forecast long-term needs at the same time.



Table 3–2. Phased Message Dissemination for Hurricanes and Floods*

(Extracted from Vanderford, et al. 2007, p. 21, with modification)

Period of dissemination	Topics
Immediately preceding landfall through first 24 hours after the storm	Hurricane readiness, preparations for power outages, preparation related to prescription medications, evacuating the area of a hurricane, staying safe in your home during a hurricane, worker safety in a power outage, CO poisoning prevention, flood readiness, electrical safety, prevention of heat-related illnesses, hand hygiene in emergency situations, coping with traumatic events, emergency wound care, protecting your pets, animals in public evacuation centers
1–3 days after the storm	Re-entering your flooded home, how to clean a flooded home safely, worker safety after a flood, preventing chainsaw injuries during tree removal, preventing injuries from falls (ladders/ roofs), personal protective equipment and clothing for flood response, managing acute diarrhea after a natural disaster, cleaning and sanitation after an emergency, keeping food and water safe after a natural disaster or power outage
3–7 days after the storm	Protection from animal- and insect-related hazards, electrical safety and generators, infection control and prevention in evacuation centers, impact of power outages on vaccine storage and other medicines, preventing violence after a natural disaster, animal disposal after a disaster
1–4 weeks after the storm	Rodent control after hurricanes and floods, trench foot or immersion foot, environmental health needs and habitability assessments, protection from chemicals released during a natural disaster, respiratory protection for residents re-entering previously flooded areas and homes
One month and longer after the storm (emphasis is on long-term health consequences)	Suicide prevention, issues surrounding school-age hurricane evacuees attending new schools, mold removal from flooded homes, mold allergies related to flood cleanup

**This table represents anticipated periods of dissemination; however, the actual periods will vary depending on location, climate, time of year, and other factors.*



Summary of case study

Hurricane Katrina was a reminder of the impossibility of completely preparing for disasters. Communication during a crisis is dynamic and creates needs to adapt systems, procedures, channels, and messages. Each disaster is unique, and while basic principles of effective CERC can be expected to operate in most crisis contexts, flexibility and innovation should be included in the CERC toolkit.

Conclusion

Communication is a dynamic process involving many elements. Understanding the audience as the primary message target is critical to effective communication. Audience analysis and feedback allow the message to be adapted to fit audience needs, interests, cultures, and values. Many audiences will be associated with most crises. Plans should be developed to reach them all. Important principles of message design, along with audience analysis and feedback, will help you develop effective messages.



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