



## D 3.1 – Best practices in health crisis communication

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## 1. Background

### What is a crisis situation?

The heading “Health crisis communication” can have a different meaning to different people. It is thus useful to first define the meaning of crisis. The definitions of crisis were first defined with business in mind. For example, Seeger, Sellnow und Ulmer (1998) defined crisis as “a specific, unexpected and non-routine event or series of events that create high levels of uncertainty and threaten or are perceived to threaten an organization’s high priority goals” (p. 233). World Health Organization (WHO, 2013) defined crisis in a more general way: „situation that is perceived as difficult. Its greatest value is that it implies the possibility of an in-sidious process that cannot be defined in time, and that even spatially can recognize different layer/levels of intensity. A crisis may not be evident, and it demands analysis to be recognized.” There are also definitions designed specifically to deal with health crisis situations in particular. Seeger, Reynolds & Sellnow (2008) defined health related crisis as „severe threats to the physical and psycho-logical security, stability, health, and well-being of the public resulting from complex, non-linear, and unanticipated interactions“ (p. 6).

It is evident from such crisis definitions that the word “crisis” can have a totally different meanings, depending on the context in which it is used. This context is influenced not only by the actual event or situation, but also to what extent social, political, economic, legal, ecological, geographic and scientific factors need to be taken into consideration (Seeger & Reynolds, 2008). These considerations need to be taken into account by the crisis management teams. However, not only do they need to be fully aware of the type of a crisis they are facing, and carry out appropriate risk assessment analysis, the crisis management teams need also to decide whether they are facing a crisis or an emergency. The distinction between these two terms is not too obvious but the differences have a profound effect on the actions that need to be taken by the crisis management team. Whereas crisis may be short, mid or long term (systemic crisis), emergency is something that needs to be addressed here and now. This distinction influences how the impending threat needs to be dealt with and communicated. The bottom line in all approaches is to prevent, mitigate or reduce the impact of the impending threat or harm.

If given sufficient time, crisis management is normally divided into pre-, crisis and post-crisis phases. While the pre-crisis phase is concerned with the preparation to deal with the threat,

during crisis phase the emphasis is to react to the effects and impact of the crisis situation. Finally, the post-crisis phase tries to evaluate the performance of the crisis response teams and draw lessons to be learned for the future (Berkelaar & Dutta, 2007; Coombs, 2008; Gorsline, 2008). As already indicated above, real crisis situations do not necessarily follow all three crisis phases. For example, if the emerging threat appears suddenly, the situation may become immediately an emergency with little or no preparation time.

What is common to all crisis situations, whether it is a slowly emerging or sudden treat, is that adequate and effective crisis communication is in place. This is especially true in situations where little time is provided to prepare for the impending threat or indeed when the treat actually becomes real, harming the (human) population. Until recently, although there was interest in crisis communication, it was not high on the crisis management teams. It was almost dealt with as a bi-product of their activities (Holmes 2008). It has now become clear that correct health crisis communication strategies can help crisis communication teams to effectively deal with uncertainties, insecurities and confusion that are inevitably part of any crisis situations and to appropriately react to the crisis and successfully overcome it (Coombs, 2008; Ulmer, Sellnow & Seeger, 2010). In this respect, crisis communication can effectively support the crisis management team. Indeed, crisis communication has now become part of all three phases of crisis management activities (Palttala & Vos, 2011, p. 316).

### What is health crisis communication?

There are no definitions of health crisis communication. Perhaps this is due to the fact that different scientific disciplines concern themselves with this theme where different complex factors need to be taken into consideration. Among others, psychology, sociology, management communication, media research, public health and public relations are some of the disciplines that can address health crisis communication issues (see for example Glik, 2007; Lundgren & McMakin, 2009; McKendree, 2011; Ulmer et al., 2010).

Crisis communication (not **health** crisis communication) has been studies most thoroughly studied from the perspective of public relations, for example to develop strategies to protect reputation of companies or other organizations when dealing with the general population, the so called organizational crisis communication. From this perspective, one of the definitions often used is: „sending and receiving messages which explain the specific event, identify its probable consequences and outcomes, and provide specific harm reducing information to

affected communities in an honest, candid, prompt, accurate, and complete manner” (Palttala & Vos 2012, p. 39).

Health crisis communication is perhaps best defined by those engaged in risk communication. For example, the discipline of public health defines risk communication as „the intentional effort to inform the public about risks and persuade individuals to modify their behavior to reduce risk” (Seeger & Reynolds, 2008, p. 9) or that defines health crisis communication as “risk communication in face of extreme, sudden danger” (Lungren & McMakin, 2009, p. 4). This last definition fits more to describe health emergency communication, which is a specific type of health crisis communication. Health crisis communication can in turn be viewed as being a specific case of risk communication (see for example Lundgren & McMakin, 2009; Reynolds & Seeger, 2005; Seeger & Reynolds, 2008; Ulmer, Alvey & Kordsmeier, 2008; Ulmer et al., 2010).

Under health crisis communication we thus understand all (risk-related) communications that transpire between those stakeholders who are most directly involved to deal with, or are affected by, threat(s) that can harm human health, regardless whether these threats are slowly or rapidly emerging.

### Health crisis communication in Europe

Europe is lacking behind USA both in the scientific discussions in as far as the topic of crisis communication is concerned, but also in the application of the knowledge to actual crisis situations. This has historical reasons, linked primarily to the highly evolved public relation and marketing tradition on the American continent. Be it as it may, Europe needs to improve its crisis communication readiness. Europe had its share of recent crisis: H1N1 pandemic in the year 2009, Icelandic volcano eruption in 2010, HUS epidemics in 2011 or the earthquake in North Italy in 2012. Most of these crises had direct or indirect trans-regional impacts.

In the European Union, where people, goods and money move freely from country to country, it is important to work together to face common crisis situations. This cooperation is already there between the EU Commission, ECDC as well as WHO/Europe, also in the area of health crisis communication (Council of The European Union, 2011; Infanti et al., 2013; Jakubowski, 2004). At the international level, WHO/Europe published for example a „Toolkit for assessing health-system capacity for crisis management” (World Health Organization Regional Office for

Europe, 2012). It was prepared on the basis of cooperation with European Commission Directorate-General for Health as part of a project “Support to health security, preparedness planning and crises management in European Union (EU), EU accession and neighboring (ENP) countries”. However, this toolkit does not concern itself with the specific aspect of health risk communication, rather with the whole concept of crisis management. In its Technical Document „Communication on immunization – Building trust“, the ECDC published information about communication in relationship to immunization (European Centre for Disease Prevention and Control, 2012). General health crisis communication strategies or recommendations were omitted from this document.

In addition, there are a number of recommendations and health crisis communication plans on the national levels. Each nation has its own crisis management plans, including communication plans that are linked to the national health authorities. Here we would like to give an example of Germany, Portugal and Italy.

In Germany, the responsibility for health related issues are divided between the 16 Federal States (provinces) and the German federal government. At the federal level, this is primarily the responsibility of the Ministry for inner-security, the health Ministry, Ministry of the environment, as well as the Ministry of consumer affairs, agriculture and food. Additionally, each federal state has its own ministries that mirror those at the federal level. These are linked to regional and ultimately local health offices. The most important crisis management plan is the national pandemic plan. It becomes activated when a health related pandemic is identified (Robert Koch-Institut, 2007). The plan is divided into six phases and one additional evaluation phase. Crisis communication is marginalized and described only relatively briefly.

In Italy, as in Germany, the competencies for health related crisis communication are divided between at least three political levels: federal, provincial, regional and local. The federal government has fewer competencies than the German counterpart. It provides only the legal framework for health related issues and checks the activities of the provincial and regional and local governments. The actual health related legislation lies in the domain of the 20 provincial governments. Local governments have a significant say in crisis management issues – thus local communes need to develop their own crisis management plans as the crisis being faced may be different region to region. One example is the „Pianificazione di Emergenza in Lombardia. Guida ai Piani di Emergenza Comunali e Provinciali“ (Regione Lombardo, 2013). It is

an introduction to crisis management that is concerned only with Regione Lombardia. As in the German case, the description of crisis communication is covered only briefly.

In comparison to Germany, and especially Italy, crisis communication in Portugal is highly centralized. Although there are five provincial health ministries, they are only responsible for the implementation of the national health regulations and laws. In crisis situations, the responsibility lies by the national Health ministry (Direcção Geral de Saúde, DGS), whose competencies are supported by different organizations and ministries. In case of a pandemic crisis, the DGS has developed a national pandemic plan “Plano de Contingência Nacional para a pandemia de gripe” (Garcia et al., 2006). Only one page of the plan is concerned with crisis communication.

The above examples illustrate that, in Europe, crisis management planning is highly fragmented and that (health) crisis communication is generally discussed only briefly in existing crisis management plans and guidelines. Despite the efforts at national and European levels to prepare for health crisis events, there are re-occurring problems with health crisis communication efforts. The H1N1 pandemic has often been used as a negative example of European health crisis communication efforts (Chambers, Barker & Rouse, 2012; Durodié, 2011). A report by the European Parliament criticized how WHO, EU and member states handled the H1N1-Pandemic (Parliamentary Assembly of the Council of Europe, 2010). Especially problems with the communication and coordination were highlighted. The decision process was also not sufficiently transparent. Communication with the public was also negatively evaluated: “Finally, the rapporteur is very concerned about the way in which the information on the pandemic was communicated by WHO and national authorities to the public, the role of the media in this, and the fears that this generated amongst the public” (Parliamentary Assembly of the Council of Europe, 2010, p. 17).

As already stated, the crisis communication in Europe has to be further improved. Also the EU Council of Ministers came to this conclusion. It called for member states „to take steps to ensure an integrated approach to risk, emergency and crisis communication at national, European and international level“ (Council of The European Union, 2011, p. 4). In this respect, it also called for scientific and practical evaluations of new communication channels, such as the social media. In view of the importance of health crisis communication, it is clear that more prominence should be given to health crisis communication in Europe.

## 2. Theoretical and practical approaches to health crisis communication

### Crisis management

Although a public health authority cannot predict the moment when a crisis occurs, “it can develop in advance a crisis plan and implement strategies that prepare the organization” (Novak, 2008, p. 47). This preparation includes the diagnosis of vulnerabilities, the assessment of possible crisis types, the selection and training of a crisis team and a spokesperson, the development of a crisis management plan as well as the review of the existing crisis communication system (Coombs, 2012a, p. 71). “Many public health organizations are uncomfortable with the connotation associated with a crisis” (Ulmer, 2008, p. 98). Nevertheless, it is vital to be well prepared for a health emergency. The question is not if the next health emergency will occur but when and how severe their consequences will be (Seeger et al., 2010, p. 502).

In general, crisis management can be divided into four different factors (Coombs, 2012a): The first factor, *prevention*, involves steps necessary to avoid a crisis. The second factor, *preparation*, includes diagnose of crisis vulnerabilities, selection and training of a crisis management team and spokespersons and the establishment of a crisis communication system. *Response*, the third factor, refers to the application of the prepared crisis management tasks to the actual crisis. It also involves *recovery*, which marks attempts to return to a normal status as soon as possible. *Revision*, the fourth crisis factor, involves attempts to evaluate crisis management efforts determining what went right and what went wrong in order to adjust future crisis management plans.

Examples for crisis management plans can be found e.g. in the form of the different national pandemic plans (e.g., Robert Koch-Institut, 2007 for Germany, Garcia et al., 2006 for Spain), each of which follows the central factors in crisis management and adapts them to the specific situation during pandemics and to their countries.

## The Crisis and Emergency Risk Communication Model

The model that has come to dominate the response to health crisis events, especially in the USA, is called Crisis and Emergency Risk Communication (CERC). It is being used by health managers extensively.

CERC has come to life in October 2002 as the part of new guidelines published by American Centre for Disease Control to be used for communication during health crisis situations. The guidelines were prepared primarily as a response to the Anthrax letter attacks from year before where a number of people were killed in the USA (Quinn et al, 2008). CERC is „the attempt by science- or public health professionals to provide information that allows an individual, stakeholders, or an entire community to make the best possible decisions during a crisis emergency about their wellbeing, and communicate those decisions, within nearly impossible time constraints, and ultimately, to accept the imperfect nature of choices as the situation evolves” (Reynolds et al., 2002, preface). Furthermore, it was developed “as a tool to educate and equip public health professionals for the expanding communication responsibilities of public health in emergency situations” (Veil et al., 2008, p. 26S). Since then CERC has undergone a number of revisions and expansions. For example in 2012 a new chapter was added that deals with the use of social media in crisis situations (Reynolds & Seeger, 2012). The CERC model is based on the synthesis of theoretical, empirical and practical experiences and provides detailed information how to communicate during a health crisis situation.

CERC is based on a five level crisis model: *pre-crisis* (I), *initial event* (II), *maintenance* (III), *resolution* (IV) und *evaluation* (V). (Reynolds & Seeger, 2005). Different communication strategies are employed depending on the crisis level attained. Most importantly, the model points out that an effective risk and crisis communication strategy does not only consist of a good crisis response but that communication efforts have to start long before a crisis occurs and also must continue after the direct threat is over (Reynolds & Seeger, 2005, p. 53). Consequently, CERC assumes “that effective pre-event communication and planning will improve the response and mitigate the harm in subsequent stages” (Seeger et al., 2010, p. 501).

The specific strategies in each stage and content of what is to be communicated are listed below (based on Reynolds & Seeger, 2005, p. 52-53).

### **I. Pre-crisis (Risk Messages; Warnings; Preparations)**

Communication and education campaigns targeted to both the public and the response community to facilitate:

- Monitoring and recognition of emerging risks
- General public understanding of risk
- Public preparation for the possibility of an adverse event
- Changes in behavior to reduce the likelihood of harm (self-efficacy)
- Specific warning messages regarding some eminent threat
- Alliances and cooperation with agencies, organizations, and groups
- Development of consensual recommendations by experts and first responders
- Message development and testing for subsequent stages

### **II. Initial Event (Uncertainty Reduction; Self-efficacy; Reassurance)**

Rapid communication to the general public and to affected groups seeking to establish ...

- Empathy, reassurance, and reduction in emotional turmoil
- Designated crisis/agency spokespersons and formal channels and methods of communication
- General and broad-based understanding of the crisis circumstances, consequences, and anticipated outcomes based on available information
- Reduction of crisis-related uncertainty
- Specific understanding of emergency management and medical community responses
- Understanding of self-efficacy and personal response activities (how/where to get more information)

### **III. Maintenance (Ongoing Uncertainty Reduction; Self-efficacy; Reassurance)**

Communication to the general public and to affected groups seeking to facilitate ...

- More accurate public understandings of ongoing risks
- Understanding of background factors and issues
- Broad-based support and cooperation with response and recovery efforts
- Feedback from affected publics and correction of any misunderstandings/rumors

- Ongoing explanation and reiteration of self-efficacy and personal response activities (how/where to get more information) begun in Stage II.
- Informed decision making by the public based on understanding of risks/benefits

#### IV. Resolution (Updates Regarding Resolution; Discussions about Causes and New Risks/New Understandings of Risk)

Public communication and campaigns directed toward the general public and affected groups seeking to ...

- Inform and persuade about ongoing clean-up, remediation, recovery, and rebuilding efforts
- Facilitate broad-based, honest, and open discussion and resolution of issues regarding cause, blame, responsibility, and adequacy of response.
- Improve/create public understanding of new risks and new understandings of risk as well as new risk avoidance behaviors and response procedures
- Promote the activities and capabilities of agencies and organizations to reinforce positive corporate identity and image

#### V. Evaluation (Discussions of Adequacy of Response; Consensus about Lessons and New Understandings of Risks)

Communication directed toward agencies and the response community to ...

- Evaluate and assess responses, including communication effectiveness
- Document, formalize, and communicate lessons learned
- Determine specific actions to improve crisis communication and crisis response capability
- Create linkages to pre-crisis activities (Stage I)

In the meantime is CERC well established in the USA both as part of communication research and public health practice. Estimates are that over 100 000 public health practitioners have been trained in the use of CERC (Seeger, Sellnow & Ulmer, 2008; Veil, Reynolds, Sellnow & Seeger, 2008; Sellnow & Seeger, 2013). However, it has been pointed out that CERC should be further improved, especially in the phases *pre-crisis*, *initial event* and *maintenance* (Ballard-Reisch et al., 2008). The pre-crisis phase is a fundament for all phases that follow. Thus those involved in the health crisis communication need to become involved, obtain the necessary communication skills and create networks and collaborations. Moreover, during the

maintenance phase, it is necessary to support activities that keep the involvement and interest of a broad spectrum of individuals who may be called upon during a health crisis situation.

Various materials about the CERC model, such as basic principles, course material, and on demand training, are available on the CDC website at <http://emergency.cdc.gov/cerc/>.

### Three stage approach and Situational Crisis Communication Theory

According to Coombs (2012a) crisis management has to be “viewed as an ongoing process” (p. 6). Therefore, crisis management is not just the creation and implementation of a plan during an emergency but the integration of it into an organization’s routine operations. The idea of a crisis management process as a staged approach means that it “is divided into discrete segments that are executed in a specific order” and is widely accepted among crisis communicators (Coombs, 2012a, p. 6). Coombs (2012) divides “the crisis management process into three macrostages: precrisis, crisis, and postcrisis” (p. 10). As each macrostage consists of several substages on a micro level this approach has enough generality “for constructing the comprehensive framework necessary for analyzing the crisis management literature” (Coombs, 2012a, pp. 10-11). The precrisis stage is characterized by activities organizations take before a crisis becomes manifest (Coombs, 2010, p. 100). This includes all aspects of signal detection, crisis prevention and crisis preparation (Coombs, 2012a, p. 11). During the crisis stage crisis communicators must actively deal with the specific event and its negative consequences (Coombs, 2012a, p. 10). The postcrisis stage follows after the crisis seems to be over in order to reflect and evaluate the crisis management process (Coombs, 2012a, p. 10). Like the five-staged CERC model, also this approach points out the importance of an ongoing crisis communication process. To effectively prevent a crisis or to mitigate its harm it is vital to start communication efforts before a crisis occurs and to continue them after the trigger event is over.

The Situational Crisis Communication Theory (SCCT) “is developing a theory-based and empirically tested approach to “reputation repair” and contrasts to the common “case study method” (Coombs, 2010, p. 110). SCCT is mainly “designed to protect reputational assets” and can, therefore, only partly be applied to public health crises (Coombs, 2007, p. 166). Although the approach fits better to the field of corporate crisis communication, there are some important propositions that are also important for crisis management in health related areas.

Generally, SCCT seeks to align how affected stakeholders experience a crisis, react to the crisis response strategies made by an organization. (Coombs, 2012b, pp. 38-39). The approach is based on Weiner's Attribution theory and posits that "even with limited information, stakeholders will determine the degree to which an organization is responsible for a crisis" (Coombs, 2010, p. 111). It relies on the two assumptions that (1) "crises threaten an organization's reputation" (Howard et al., 2012) and "the characteristics of the crisis influence the appropriateness of the communication strategies used by crisis managers" (Fediuk, 2012, p. 224). Thus, SCCT focuses "on finding the post-crisis response strategy that best fits with the given crisis situation" in order to mitigate reputational harm of the organization (Coombs, 2010, p. 110). To find an adequate crisis response strategy SCCT assesses the crisis threat by determining the crisis type (victim, accident or intentional) and identifying whether intensifying factors like a crisis history or a good or bad prior reputation exist (Coombs, 2012b, pp. 38-39). Summarized, the three factors crisis type, crisis history and prior reputation allow the anticipation of "how stakeholders will perceive and react to the crisis and the organization in crisis" (Coombs, 2007, p. 174). Regarding this assessment crisis managers can choose between one of the "three primary strategies" deny, diminish or rebuild and one supplemental strategy called reinforcing (Coombs, 2012b, pp. 40-41).

These strategies, however, only play a minor role during the management of a public health crisis and are therefore not further described. As public health crises are usually unintentional the main crisis type according to SCCT may be the one titled victim. This means that people attribute only a low crisis responsibility to the public health authority and that the crisis poses only a small threat to the authority's reputation. The threat can be increased, however, if the public health organization had similar crises in the past it did not deal with very well and if it has poor relationships with its stakeholders. Consequently, according to SCCT, it is necessary for effective crisis communication during a public health emergency to have good stakeholder-relationships. Another crucial aspect when applying SCCT to public health crises is the recommendation that "every crisis response should begin with instructing and adjusting information" (Coombs, 2012b, pp. 40-41). As "people are the first priority in any crisis" instructing and adjusting information have to come prior to reputational considerations (Coombs, 2012a, p. 146). Thereby, instructing information consists of "telling stakeholders what to do to protect themselves physically in the crisis", while adjusting information assists them to "cope psychologically with the crisis" (Coombs, 2012a, pp. 146-148). These aspects are

especially important during a public health crisis as the main priority of crisis communication is to warn people and inform them about possible harms and measures to prevent them.

### Further guidelines and best practices

Several international and national health organizations and authorities like the WHO or the ECDC have established guidelines, which describe how to react properly in case of a health emergency. Basically, the guidelines include different elements of the CERC model that was already described above. For further details, see the documents listed below:

- ECDC (2012): Communication on Immunisation – Building trust.  
<http://www.ecdc.europa.eu/en/publications/publications/ter-immunisation-and-trust.pdf>
- EFSA (2012): Principles guiding good risk communications.  
<http://www.efsa.europa.eu/en/corporate/pub/riskcommguidelines.htm> (also available in German, French, Italian)
- Hird et al. (2012): The Communicable Disease Outbreak Plan: Operational Guidance.  
[http://www.hpa.org.uk/webc/HPAwebFile/HPAweb\\_C/1317135166228](http://www.hpa.org.uk/webc/HPAwebFile/HPAweb_C/1317135166228)
- HPN (2008): Communicating with the Public about Health Risks. Health Protection Network Guidance 1. <http://www.documents.hps.scot.nhs.uk/about-hps/hpn/risk-communication.pdf>
- WHO (2005a). Outbreak Communication. Best practices for communicating with the public during an outbreak.  
[http://www.who.int/csr/resources/publications/WHO\\_CDS\\_2005\\_32web.pdf](http://www.who.int/csr/resources/publications/WHO_CDS_2005_32web.pdf)
- WHO. (2005b). WHO Outbreak communication guidelines.  
<http://www.who.int/infectious-disease-news/IDdocs/whocds200528/whocds200528en.pdf>

### 3. Communication with traditional media

These days, people experience their environment mainly through the media. Newspapers, television, radio, magazines and the Internet inform people about all kind of events and help them to form an opinion upon them (Lundgren & McMakin, 2009, p. 207). This also holds true for health related topics. Due to 24-hours broadcast as well as new and faster communication technologies, “events that would have gone unnoticed a decade ago are now highly visible” (Coombs, 2012a, p. 15). As Coombs (2012a) stated it: “There are no remote areas of the world anymore” (p. 15). Therefore, the use of mass media as communication channels during a crisis is essential to reach a high amount of people within a small time period. Although media organizations facilitate reaching the target audience, there are some important aspects that have to be considered. This means that public health officials must “meet the needs of the media” (Covello, 2003, p. 6).

These needs include establishing long-term relationships to media owners and reporters, telling the truth, being accessible and respecting deadlines (Covello, 2003, pp. 6-7). As “journalists are charged with being independent watchdogs of society” they aim for accurate and autonomous news coverage and thus, “do not appreciate being told how to say something” (Lundgren & McMakin, 2009, p. 211). Since a reporter, however, cannot be an expert in every field and has to respect strict deadlines, the lack of time and expertise can lead to false coverage (Lundgren & McMakin, 2009, p. 211). To bring out correct crisis communication messages in a prompt manner it is important to sustain a good relationship to mass media organizations and to always offer well prepared messages that fit the individual needs of each kind of media organization (Lundgren & McMakin, 2009, p. 211). Furthermore, the special role of the media as “a key provider, interpreter, gatekeeper, or channel” of information has to be considered (Lundgren & McMakin, 2009, p. 207). While media and public health organizations may have the same interest regarding information and warning of the public in order to avoid harm, the media, additionally, aim for an objective and balanced news coverage (Lundgren & McMakin, 2009, p. 209). This means searching for someone who is responsible for the crisis and may therefore lead to opinions different from the aims of the public health authorities. So, during a crisis reporters “are likely to start with reporting existing information” and may later “turn to a more investigative role to attempt to uncover the factors that led to the crisis” (Lundgren & McMakin, 2009, p. 208). Hence, regarding the reputation of the public health organization in charge, it is paramount to be open, honest and

accessible during the whole crisis communication process. Otherwise “competing versions of the same crisis” are created that enlarge people’s uncertainty and end up in mistrust toward the public health officials (Liu, McIntyre & Sellnow, 2008, pp. 111-112).

### **General discrepancies between scientific risk information and journalistic rules**

The media must be understood as a business which has to sell its products and make money. It may therefore be motivated by market demands more than public duty. Hence, news coverage is driven by newsworthiness. One of the main news factors leading to higher publication rates is negativity, which also plays a role in the context of health crisis information. Hence, scares and crises are immediate and out of the ordinary, attracting greater interest. In contrast, public health is a long-term proposition. Scares and crises are also negative representations of health. Ill health is easier to feel, see, describe, and relate to than good health. It can also lead to specific actions; thus curing disease is newsworthy but preventing it is not. Further, health problems are a stick with which to beat the government of the day. If the media focus on patient waiting times, for example, an immediate problem, the government is pressurized to respond. Or for example, reporting extensively on deaths from E.coli infections transmitted through contaminated food, may lead to more regulations and improvements in surveillance and enforcement by the government agencies of the food sector. The same effect could have been achieved perhaps more cheaply and effectively by reporting on simple preventive measures: properly washing and cooking foods. In this way, the media sometimes set the health agenda that may not be of best interest or value to the public.

There are similar conflicts between newsworthiness and scientific accuracy. A journalist’s priority, on the one hand, is newness, originality, urgency and relevance (what is often termed “hot topic”). Scientific health research on the other hand focuses not only on generating new findings, but deals also with confirmation of new findings, reports and theories. Scientists must emphasize the uncertainty of their results and the need for further investigations, whereas journalists want their stories reflecting latest, biggest, and fastest advancements in the health sector (Nelkin, 1996). Their stories tend to be concrete and definitive, whereas scientific reports can be defined as “work in progress”. Moreover, the journalists’ stories tend to be short, simple, and readable which may, of course, result in oversimplification. Further, words such as ‘epidemic’, ‘evidence’, ‘predisposition’, and ‘risk’ have different meanings in science and popular understanding (Nelkin, 1996).

Against this background it is important to engage professional communicators used to communicate and “translate” scientific knowledge about health crisis information into comprehensive and simple but still accurate information. Further it is important to adapt to the timing and room of different media channels when preparing press releases (such as short bits of information for radio and TV, more detailed information for press coverage, web content). Details on the best practices in preparing press releases and Do’s and Don’ts of language usage are further described in the following two sections.

### Preparing good press releases

According to the Oxford dictionary, press release is: “an official statement issued to newspapers giving information on a particular matter”. As such, the statement tends to be short and refer to only one issue- it is thus essential that press releases are well prepared. The purpose of a press release is to present and convey the essence of what needs to be said on the particular matter in a timely manner. Although the primary target of a press release are the media, health crisis press releases need to be written in a way that, when fully reproduced in the media, need also to be understood by the general public. As such, health crisis press releases need to be informative and written with the public in mind. Below is a guideline for the preparation of health crisis press releases.

Health crisis press releases need to have the following **general characteristics**:

- a) Provide specific and useful information
- b) Be written in a precise and professional manner
- c) Be accurate and truthful
- d) The content needs to be understandable to the general public
- e) Contain information that is of an urgent nature

Health crisis press releases have the following **specific characteristics**:

- a) Provide clear identification of the source of the press release
- b) Be less than one page long, preferably having no more than 5 paragraphs
- c) Provide key information to be communicated already in the first paragraph. It should include ...
  - clearly stated information about what is the purpose of the press release
  - clearly stated reasoning as to why the press release is important and relevant
  - if necessary, information about the actions to be undertaken

- d) Provide well-structured information in the subsequent paragraphs. It may be organized for example under the headings: what happened, where it happened, when it happened, why it happened, who provided the information, what will/should happen next
- e) Provide information in the final paragraphs about ...
  - division of responsibilities between health authorities for the particular matter
  - contact addresses where additional materials/information on the particular matter can be found

Note that writing a press release does not automatically guarantee that it will be read or considered important by the media. What helps is when the press release is ...

- written by a well-respected or authoritative organization that has established links with the media,
- prepared so that the headline conveys urgency, relevance and action
- prepared in a professional manner

Below is an example of a fictitious press release.

Halburn Health Authority

For immediate press release

01.01.2014

**New potentially deadly strain of E.coli bacteria identified in the town of Halburn**

A new strain of bacteria E.coli was discovered by the Robert Plank Institute in the drinking waters of the town Halburn. These new strain bacteria may be very dangerous to citizens, especially the elderly. 25 people have been taken ill and are being treated in the local hospital. Five are in a critical condition. Until further notice, all drinking water in the town is to be boiled for 10 minutes before use.

At a press conference, Robert Plank Institute confirmed today that a new strain of E.coli bacteria had been identified in the drinking waters of our town. This new type of bacteria, that can endanger lives, has likely entered the drinking supply in the last two days after heavy rains. Robert Planck Institute is investigating the precise source of this contamination. If you develop diarrhea or vomiting, you are asked to immediately go to the Saint Mary hospital for health examination.

In the meantime, all citizens are asked to boil their drinking water for at least 10 minutes. This kills the bacteria. This precaution should continue until cancelled by Halburn Health authority.

Halburn Health Authority together with the Robert-Planck-Institut is investigating this matter further. For further information on this E.coli outbreak, please visit the website of Halburn health authority: [www.halburn.health.bacteria.com](http://www.halburn.health.bacteria.com), call our hotline at 6666 9999 or visit us at 2 Main Street. Please also follow local media: radio WOK 107.5 and the Halburn daily for further information.

For a local release, the best way to gain attention of the media is through established personal contacts. For regional, national or international release, consider disseminating the press release through news “clearing houses” such as the United Press International (UPI), Associated Press (AP) or Reuters or directly mailed to targeted audiences using professional mailing lists. When time is not an issue (notably the health crisis is still emerging or is already passed), it is advisable to publish the press release not more than 5 days before a certain specific action is required. For example, if a town meeting is to be held about lessons learned from a recent health crisis, the invitation for the meeting should appear in the media 3 to 5 days before the event.

### Do's and don'ts in communication about risks and crisis situations

In considering health crisis communication, it is crucial that the right language is used. This is true for both written and verbal communication. In this section, an overview is provided that should be of help to effectively communicate with various target audiences. The overview should assure that the message is heard, understood and trusted. It is based on the STARCC principle for providing messages: Simple, Timely, Accurate, Relevant, Credible and Consistent. The overview is presented in form of 13 rules.

#### ➤ Rule 1. Do not assume

It is important to communicate the matter at hand fully. Do not assume that your target audience knows or understands the issues surrounding the matter that is to be communicated. It is better to say or write what may seem the obvious rather than risk that the audience does not understand what is being communicated.

#### ➤ Rule 2. Keep the language simple and plain

Do not use complicated language; do not use specialized language, acronyms or short forms of names. Using such language is a sure way to loose contact to your target audiences. In health crisis situations this may cost lives.

#### ➤ Rule 3. Keep it short

It is always better to use two sentences than one long sentence. Run on sentences can have the effect that by the time the sentence is completed it often is no longer clear what the intent of the sentence was in the first place, such as can happen when two or more ideas are

intermixed without splitting them into two part, leading to confusion and loss of interest in what may be after all very important content to be communicated, if you see what I mean.

➤ **Rule 4. Cover one idea in a sentence**

To be well understood, cover only one idea in a sentence. This prevents misunderstandings, especially in a dialogue situation.

➤ **Rule 5. Use paragraphs**

Separate your ideas and thoughts into paragraphs. It is better to use more paragraphs than less. In a spoken language, separate ideas with pauses. Just as with run on sentences, the danger is that the ideas will be lost when buried within lots of sentences.

➤ **Rule 6. Use double space**

In written communication, it is always better to use double rather than single spacing, simply because it is easier to read.

➤ **Rule 7. Be honest and transparent**

It is better to say “we do not know at this time” than to say “it appears that we may ....”. In being honest, always communicate the need to be on the side of safety. This precaution is especially valid when human lives are involved. State clearly and in simple words justification for actions to be taken.

➤ **Rule 8. Do not shy away from uncertainty**

If confronted, communicate that scientific advice is based on the best available data, but that this advice is not perfect.

➤ **Rule 9. Say only that what is necessary**

Disclose everything that is needed to be said about a specific issue. This does not mean however, to unnecessarily create insecurity amongst the public or worse, to create panic. This means to be aware of the overall context within which the statements are made.

➤ **Rule 10. Be precise and accurate**

Check the information sources and the written content for accuracy before release. It is advisable to use clear words, or words that fit the particular situation. Generally, it is better to

avoid words such as “may”, “could” “should” and replace them with words such as “do”, “can”, “will”.

➤ **Rule 11. Use positive statements**

Positive messages are better than stating a current negative state of affairs. It is better to say “scientific advice is being continually improved” or even “scientific advice is not perfect” rather than “scientific advice is imperfect”. It is sufficient to say that “scientists and all that are involved, are working hard to solve the current crisis” or to say “we have no answers at the moment”. But it is not necessary to say “scientists have no idea what is going on” or “I am afraid we are working completely in the dark”.

➤ **Rule 12. Use positive verbs**

Positive verbs have the power to show that action is being taken to remedy a situation. For example, use words such as do, act, and investigate. As an important by-product active verbs help to create an appearance of competence and control over a given situation.

➤ **Rule 13. Express empathy**

In a crisis situation, it is crucial to show, through words, empathy to those who are suffering. This creates credibility and enhances trust.

Note that overuse of positive statements and verbs can be counterproductive, especially if it becomes clear that no real actions or solutions are forthcoming. It may in fact lead to erosion of trust. It is thus important to balance honesty with (over) confidence.

#### 4. Social Media

“The options available for communicating surrounding a crisis have expanded considerably in the last decade” – beside the use of ‘traditional media’ such as newspapers, magazines, television and radio organizations can also send messages via Internet (Stephens & Malone, 2012, p. 381). But while classical 1.0 websites indeed offer public health organizations the possibility to provide their stakeholders with current information, the main interest of researchers and practitioners lies on Web 2.0 applications (Coombs, 2012a; Fearn-Banks, 2011; Hansen & Carpentier, 2009; Stephens & Malone, 2012; White, 2012). This may be due to the fact that only Web 2.0 and social media “offer a unique opportunity for organizations [...] to engage in dialogue or continued conversation with their stakeholders” (Stephens & Malone, 2012, p. 391). This adds a completely new distributing channel to crisis communication (Lundgren & McMakin, 2009, p. 262). Through social media applications “information can be exchanged, collected, aggregated, and disseminated in a split second” (White, 2012, p. 9). This promotion and sharing of user-generated content as well as the collaboration to create it allows users “to share insights, experiences, and opinions with each other” (Coombs, 2012a, pp. 20-21). Therefore, social media can give “organizations almost instant and continuous feedback on what people want to know [...] and what they are concerned about” (Lundgren & McMakin, 2009, p. 262). Thus, blogs, microblogs, content communities, social networks, forums, aggregators and social bookmarking are perfect tools to scan the environment for potential crisis warning signs (Coombs, 2012a, p. 25). The challenge, however, “is wading through the vast amounts of information” in order to detect “emerging trends” that can develop into a crisis (Coombs, 2012a, p. 25).

Another advantage of social media is the independence from traditional mass media as communication channels. The organization can communicate directly with its stakeholders and therefore strengthen its relationship with them. This makes communication faster and avoids false information due to journalists’ mistakes. But the elimination of a gatekeeper bears also the danger that wrong messages are spread more easily. Although social media “encourage rapid and frequent two-way communication between and organization and its segmented publics” the sent information has to be carefully created and reviewed. This demands fast and trained experts from the organization’s side (Fearn-Banks, 2011, pp. 1, 58). Furthermore, the use of social media demands attention, work and time and thus more capacities. Once a

dialogue with stakeholders is started they expect rapid and satisfying answers – especially during crises. This means there has to be a communication professional taking care of the various Web 2.0 applications constantly. In a dialogue it is not enough to just send out information. It is even more important to listen to stakeholders' concerns and provide required answers. In sum, "social media is about interaction and control, not being fed information" (Coombs, 2012a, p. 25).

Coombs (2012a) developed three basic rules when using online crisis communication channels: (1) be present, (2) be where the action is, and (3) be there before the crisis (pp. 27-28). These recommendations point out that it is useless to only respond to a crisis via social media applications if there have not been any social media activities before the crisis. Instead, an organization has to maintain a long-term and continuous Web 2.0-relationship with its stakeholders in order to achieve an effective online crisis communication process. Hence, an organization should carefully decide the implementation of a social media channel. Furthermore, the organization has to decide, which parts of it are used. The social media channel "has not eliminated the need for traditional methods. And it has not changed the facts of human behavior – ethical and professional standards, the basic tenets of crisis communication" (Fearn-Banks, 2011, p. 1). Still, the selection of communication channels should be driven by the target audience and the consideration which channels reach it most effectively and efficiently (Coombs, 2012a, p. 27). If the target audience does not use online channels it makes no sense to communicate via Internet. Crisis communicators still "face the same needs to identify warning signs, confront the same basic communication demands, utilize the same concepts, and must enact effective strategic responses" (Coombs, 2012a, p. 19). What has changed is how the information is collected and processed, the speed with which stakeholders expect a response and how this first response is delivered (Coombs, 2012a, pp. 19-20). Consequently, "the Internet is an important evolutionary step in crisis communication, rather than a revolution" (Coombs, 2012a, p. 19).

The CDC has developed a toolkit for the use of social media in health communication in general, that can well be applied to health crisis communication (available online: [http://www.cdc.gov/socialmedia/tools/guidelines/pdf/socialmediatoolkit\\_bm.pdf](http://www.cdc.gov/socialmedia/tools/guidelines/pdf/socialmediatoolkit_bm.pdf)).

The top lessons they address in the tool-kit are listed below:

- Make strategic choices and understand the level of effort
- Go where people are
- Adopt low-risk tools first
- Make sure messages are science-based
- Create portable content
- Facilitate viral information sharing
- Encourage participation
- Leverage networks
- Provide multiple formats
- Consider mobile technologies
- Set realistic goals
- Learn from metrics and evaluate your efforts

Besides the use of social media as an effective, quick and direct communication channel social media also provide the opportunity to monitor public debates about ongoing health crisis issues and their perceptions, attitudes, and uncertainties. Thus, health authorities can and should monitor ongoing discussions on social media to both evaluate the effectiveness of their communicative measures and identify trends in the public opinion not intended by health authorities. Or, as described in the CDC social media tool-kit: “As with any communication activity, it is important to evaluate your social media efforts. Ongoing evaluation and monitoring is a critical component of your communications strategy, helping to define measures of success based on your goals and objectives.

Once you determine your communication objectives and specific social media tactics, you can determine how best to evaluate the process, outcomes and impact of your social media efforts. Monitoring trends and discussions in social media can help you to better understand current interests, knowledge levels and potential misunderstandings or myths about your topic. There are a variety of free tools available that can help with monitoring efforts, as well as paid services that offer more comprehensive monitoring capabilities.” (p. 6)

## 5. Summary

Summarizing best practices and scientific knowledge about crisis management and crisis communication leads to the following essential rules:

- Be clear when and if you are facing a health crisis or health emergency.
- Be prepared: Crisis management does not start with a crisis, but needs good preparation.
- Evaluate: Crisis management does not stop with a crisis, but needs to evaluate past actions in order to improve future actions.
- Emphasize and improve crisis communication taking into account all communications that transpire between stakeholders who are most directly involved to deal with or are affected by threat(s) that can harm human health.
- Communication efforts differ with regards to the different crisis level at present:
  - pre-crisis: communicate risk messages, warnings, preparations through communication and education campaigns targeted to both the public and the response community
  - initial event: communicate uncertainty reduction messages, self-efficacy, reassurance through rapid communication to the general public and to affected groups
  - maintenance: ongoing uncertainty reduction, self-efficacy enhancement and reassurance through communication to the general public and to affected groups
  - resolution: updates regarding resolution, discussions about causes and new risks through public communication campaigns directed towards the general public and effected groups
  - evaluation: discussions of adequacy of response, consensus about lessons and new understandings of risks addressed to agencies and the response community
- Crisis communication efforts start long before a crisis occurs and must continue after the direct threat is over.
- Establish good stakeholder relationships in order to stabilize reputation and trustworthiness.
- The main priority of health crisis communication is to warn people and inform them about possible harms and measures to prevent them.
- Meet the needs of the media: Establish long-term relationships, tell the truth, be accessible and respect deadlines.

- Engage professional communicators used to communicate and translate scientific knowledge about health crisis information into comprehensive and simple but still accurate information.
- Offer well prepared press releases that fit the individual needs of each kind of media.
- Provide messages that are simple, timely, accurate, relevant, credible and consistent.
- Use the appropriate language following these 13 rules:
  - Do not assume
  - Keep language simple and plain
  - Keep it short
  - Cover one idea in a sentence
  - Use paragraphs
  - Use double space
  - Be honest and transparent
  - Do not shy away from uncertainty
  - Say only that what is necessary
  - Be precise and accurate
  - Use positive statements
  - Use positive verbs
  - Express empathy
- Use social media following these 12 rules:
  - Make strategic choices and understand the level of effort
  - Go where people are
  - Adopt low-risk tools first
  - Make sure messages are science-based
  - Create portable content
  - Facilitate viral information sharing
  - Encourage participation
  - Leverage networks
  - Provide multiple formats
  - Consider mobile technologies
  - Set realistic goals
  - Learn from metrics and evaluate your efforts

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