

COCA Conference Call - Crisis & Emergency Risk Communication
May 2, 2006
Speaker: Barbara Reynolds

Diana Hadzibegovic: Thank you, good afternoon I am glad to include you because for today (COCA) conference call Crisis and Emergency Risk Communication Miss Barbara Reynolds.

Barbara has been with the CDC since 1991. Her communication expertise has been used in the planning and response to pandemic influenza, vaccine safety, emerging disease outbreaks, and bioterrorism.

Internationally she has acted as a crisis communication consultant on how to issue for France, Hong Kong, Australia, Canada, former Soviet Union nations, NATO, and the World Health Organizations.

Barbara is the author of 2002 book, Crisis and Emergency Risk Communication and CDC's Crisis in Emergency Risk Communication course which is now taught in universities and other settings nationwide and internationally.

Beginning 2004 she launched a version of the Crisis and Emergency Risk Communication course for leaders. Slides for this presentation is available on our Web site www.bg.cdc.gov/coca.

Objectives for our today presentations are understand in the exacted definitions of emergency risk and crisis communication, explore the communication needs of the general public and stakeholder during an emergency, describes the emotional range expected by persons involved in (unintelligible) life events and examine the psychology of public health

emergency in both messages the public will need from their health professionals.

Ms. Reynolds you may start.

Barbara Reynolds: Thank you Diana and thank you for being the invitation to speak to this group on an important topic, Crisis and Emergency Risk Communication.

My interest in this topic started primarily from my outbreak investigations support for the first outbreak of H5N1 in Hong Kong in 1997.

And it was during the time that I was working on that outbreak doing the communication work that I started to question what is it that we need to change in the way we communicate to people in a crisis situation.

And when I – and mean crisis I mean in a situation where they feel threatened, where they feel that their family is threatened, the well being of their family is threatened in some way primarily in terms of their health.

And through years of research we've determined that when you start to communicate to people when they are feeling threatened you have to alter that communication that all of us as professional know how to communicate but what we may not know is how to communicate to people who are under a great deal of stress and are feeling threatened by something outside of their control.

Many of us will bring different roles into the response to a public health crisis but the one thing that I do know, the one role that we all will share is the role of expert communicator.

We will be passing along to people either the public, to our patients, to communities, to policy makers, all a range of people. We're going to be communicating to them in that crisis situation and we need to understand what it is that they're looking for from us.

It's important – next slide- it's important that we understand people will take in that information, process it, and act on it differently and in order for us to do the work that we must do in a crisis – it's important for us to be first, to be right, and to be credible.

Next slide, the one thing that we are certain of is that when people are feeling threatened they have uniform questions they all ask these questions. The public will be asking am I safe, is my family safe, what ever is going on, how does this affect me?

Most people the first question in their mind when something changes is what does this change mean to me and its not unusual in a crisis situation for people to ask the same question.

And of course if they feel threatened the next thing is what can we do to protect ourselves, what do I need to know to help me and my family?

Often times we want to know what is the cause of this threat, how did this happen, and then how can it be fixed?

And what's interesting is that people not only want to know how authorities will be fixing it but they also want to know how they can contribute to fixing it which I think is important for us to understand.

There are additional questions that will occur in a crisis situation and the media will be asking some of the questions that the public will ask but they're going to go on and want to know whose going to be helping, how is this help going to be given to people and they also will want to know how could this have happened?

It doesn't matter whether it's a natural disaster or a man made disaster when the crisis occurs the questions will be did we have forewarning, did we plan for this, how are we fixing the problems that are existing?

Next. We've found in the research that there's a number of things that can go wrong in our crisis communication and I have five of them here. I'm sure that there are others and we probably can take almost any recent public health emergency or natural disaster and find examples within those disasters where these mistakes have been made.

I think that it's important for us to understand that it's critical that those who are in authority the people who are supposed to have the answers for the public and for stakeholders is that we be able to give them a consistent message.

One of the mistakes that we make is offering mixed messages and you will note that I didn't say that we had incorrect messages. You may actually have a message that isn't incorrect but because it differs from another authority the public may believe that that's a mixed message. They don't understand it.

An example I use in my training is back in 1993 in the Midwest there were a number of floods from the Mississippi a lot of flooding. It was such a big natural disaster that state, local, and federal government and non-government organizations responded to that flooding.

And in some cases the flooding was so bad that the water treatment plants were overcome and contaminated and of course the next the thing that happens is that a boiled water directive went out from a number of organizations.

Unfortunately the response organizations all seemed to have their own favorite recipe for how one should boil their water to make it safe to drink and because in the United States most of us are used to just being able to turn on the tap.

That's a piece of new information that people need to protect themselves when they're under the threat of disease or illness and you may think well okay so what's the big deal?

I mean people could just pick one of those directions on how to go about boiling the water and take care of the problem and this is where the difference in communicating in a crisis becomes more apparent because what we found in '93 is that people didn't want to just pick one of the recipes or one of the lists of instructions.

What they were looking for when they were trying to protect their children or their immune compromised grandmother or whomever maybe themselves maybe they just didn't want a bad case of diarrhea so they didn't just want to pick one.

What they were looking for was the best one or the right one and so when we present mixed messages even if they are correct to the public and they're feeling threatened and this is new information it's very hard on them.

They are not prepared and they don't feel that they have the time to make the decisions for themselves. They want us to be consistent in our messages. One of the other mistakes that we make especially for part of the big bureaucracy is to release information late.

I think most of us can relate to that, that information that comes late is no information at all and when people are seeking information in a crisis situation if you're not there as the authority to give them that information they're going to go to the first place that will answer their question.

And unfortunately it may be that someone who answers that question will not have that person's best interest at heart and so the information they're being given is not the kind of information that they need so we must push ourselves harder as we respond in crisis to get the information out that they need ahead of time and to have it there and ready to go so its not late.

One of the problems that we find in crisis situations is many of the personalities the type of people who come into the helping professions may tend to get a little paternalistic in a crisis situation.

We start to think it's our problem to fix and we want the people who are being affected by it to just not worry about it just let us take care of it and it doesn't work in a crisis.

What we find is that people want to participate in helping themselves. That restored sense of self – of control helps alleviate their stress and anxiety in the situation.

Of course we know why we have to counter rumors and myths in real time and it's quite evident that public power struggles and confusion in the public's eye is never good in a crisis in terms of how we respond.

There is research that shows in natural disasters that the quicker we respond with a consistent message in a crisis the more prepared and more capable the public believes that we are.

So in the information age its not good enough to just save lives, we have to in fact save lives and tell people we're saving lives at the same time that we're saving them.

There's a real pressure to not only act and to work on an operational level but we also must communicate about those operations and in an effective way. There are some steps, next, that we can take to improve our communication to have some success in our communication.

The first is to have a communication plan a crisis communication plan. Now that sounds like a boring first thing that, you know, that we would think would be most important but I will tell you it's not the plan itself that is important.

Most likely the plan won't come off the shelf during the emergency but what does happen if we have a participatory process we're developing the

plan we'll start to ask questions of those people who we'll be working with as partners in the response to the public health emergency.

And we'll know what roles we're going to be sharing, how we're going to approach the public, we can then insure that our messages are consistent, that we don't answer questions that don't belong to us to answer, all of those important things.

We talked a minute ago about why it's so important to be the first source for information, here's another reason. When people are seeking new information and its important to them the first piece of information they receive on the topic that's sound credible it carries a great deal weight.

And then every message that follows that first piece of information is bounced up against the first one and so the first message carries more weight. If that first message is incorrect then those of us responsible for getting the correct information not only do we have to overcome the first incorrect message but then we have to try and push our correct message out.

At the same time it takes more effort and greater energy and it's unfair to the consumers of our information to allow those first incorrect messages to take hold so it's important that we be the first source for information.

It's awful important that we express empathy. I wish I had a great deal more time with you this afternoon to talk about this subject because empathy is really critical in a crisis situation.

We find that it is one of the keys to getting our information to people who can use it when they need to. Empathy is the ability to express inward the feelings that other people are having in this situation.

It is not necessary for someone to be feeling the same emotions that someone else is to be able to express what the other person may be feeling. I think that it – there's not much of a stretch to believe that anyone involved in responding to a public health emergency that they would be able to identify the kinds of emotions people would be feeling who are under threat of illness or death from the emergency.

And what I'm suggesting here is that its important for all of us to know that its not just a nice thing to do to express empathy when we start to talk to someone in a crisis it's a must do.

The research tells us that an expression of empathy should be given within the first 30 seconds of talking to someone who's feeling strong emotions because they are threatened by whatever is going on.

A simple expression on empathy will calm them down and allow them to hear us and it's also increases our credibility because what the individual will be thinking who's under the threat of the problem is do these people get it?

Do they understand that something horrible is happening to me, something that I'm not in control of is happening to me and if we can express to them that we get it that we know this is a bad thing that is happening they will calm down enough and allow us to talk to them.

Many of the people who will be responding to a public health emergency come with a great deal of education and experience and titles and I want you to know research says that we don't have to spend a lot of time early in a crisis situation providing our CV to the people we're trying to help.

They believe that if you're there to help them and you belong to an organization who's meant to respond to that crisis that you're competent until you prove otherwise.

One of the other important things to improve our success in our communication is to be as honest and open as possible. What I – it would take too long for us to try to even start a discussion on what it means to be honest and open.

But I think the test that we often use here is if you have this piece of information would you want to pass this on to your mother to make sure she was okay so that she would be taken care of so she would take a certain action or whatever and it's sort of do the mom test.

You know, if this is information you'd want to pass on to a loved one then why aren't you sharing it with the public and I know that all situations are different – there's a, you know, a number of variables that goes into deciding when information is released.

The one reason we shouldn't hold back information is because we're afraid that people will panic if they have that information. The research tells us that people can manage very disturbing information.

What they have a harder time managing is rumors and mixed perceptions and uncertainty that the greater the uncertainty the more troubling it is for

people. So they can manage bad news. What they can't do is they don't want to be locked out of the process along the way.

Next. There are a number of psychological barriers that will interrupt our ability to communicate to people. We see in the pre-emergency arena when we're trying to just get people to pay attention to what they need to do to protect themselves.

The most people experience a certain amount of denial and because they think that the bad thing won't happen or it won't happen to them or if it does happen it won't be that bad it's hard to get people to prepare.

And roughly about 23% of the U.S. population is willing to be – take steps to be prepared for emergencies and the rest of us are experiencing some level of denial along the way. It's hard to get across and overcome denial. Typically the more immediate the threat the more real the threat is the less denial you'll see.

We talked about how important it was to express empathy and the emotions most often people will be feeling if they're under the threat of a crisis or an emergency are fear, anxiety, confusion, and dread.

And as officials responding to the crisis and people talking to them in a crisis it's not our job to make those feelings go away. What we're trying to do is express that we understand those feelings exist and give people information that they need to avoid falling into hopelessness or helplessness.

When people are overcome by the events when they're not given the information that they need to manage their fear and their stress what will

happen is they will begin to feel like victims. And so you can see again it's important that we engage people we engage the public in helping themselves in a crisis situation.

Often times when something bad is occurring in a community or a nation or the world you hear the reporters talking about how people are panicking and in fact very little panic occurs in a crisis situation.

Now for those of you who've been involved in crisis I know you're saying what, you're crazy I see a lot of people panicking. Well really what they're doing is not panicking they're responding in extreme ways to the natural fight or flight.

And what we have is a continuum where there are extremes of fight and extremes of flight and that's typically what we see as panicked behavior. Most people are not panicking in that they're not doing something that's counter to their survival.

Most people are looking for ways to restore control to overcome the threat that they have. So you can see how important it is in crisis to be able to give people things to do to allow them to overcome that natural tendency to want to fight or flight in the situation it's not panic we're responding to its fight or flight.

Next. There are some things that are going to occur in a crisis situation that we as communicators could not overcome but we need to be aware that they will be happening. We saw this occur during the Anthrax mail incident where there were demands for prescriptions of Cipro minus the threat.

These demands or un-needed treatment are not unusual and we probably categorize those people as having panicked but really what they were doing was engaging in fight. They were trying to figure out how to protect themselves or their families from this perceived threat.

The best way to manage these demands or un-needed treatment is to acknowledge with empathy that people are looking for ways to overcome the problem and protect themselves and then give them information that will help them re-direct that sense of urgency.

Multiple unexplained physical symptoms are (unintelligible). This is something that Dr. Robert Ursano psychiatrist in the Department of Defense has done a body of research on that shows when people are feeling threatened when bad things are happening around them they don't just – they're no longer just the worried well they're actually the worried sick.

And the people who are worried will present with physical symptoms that may include headaches, body aches, stomach distress, and even a measurable low grade fever so we need to be aware that this is occurring.

I'd like to touch on stigmatization. Stigmatization is a concern that I have seen in my time with CDC where for example during the SARS incident people were avoiding going into the Chinatown sections of their cities because they thought that that increased their risks of getting SARS.

And I think that's one of things that we have to be aware of is how are we communicating to the public and what sort of visuals are we giving them and are we somehow contributing to this concept of stigmatization and

stigmatization is when there is no reason to feel threatened by a group of people or a product or a location.

When I was in Hong Kong during H5N1 outbreak I saw entire hospitals, day care centers, apartment complexes stigmatized by the possible or the confirmed case H5N1 it's something we're going to work against.

Next. Next I'm going to go to communicating in a crisis is different. It's important again to have people feel empowered. We need to help them reduce their fear and the potential for victimization by giving them things to do like treating them like adults with the information whether it's good or bad.

Any kind of opportunity to mentally prepare for a bad thing actually reduces the anxiety. It's the uncertainty that is toughest for most of us to deal with. Anyone who has ever had to sweat over a weekend for the results of an important medical test they know that by Sunday evening they're sort of saying I don't care if it's – if the outcome is bad. I just want to know what it is.

Uncertainty is really a real psychological drain on all of us in a crisis so the more that we can reduce uncertainty by giving people information factual information and supportive empathetic support and communication in the crisis the better off they are.

Next. This is an important concept in crisis communication and this is the idea of risk. What we find is that people behave and react differently to a threat or to something bad that has happened depending on the attributes of that risk.

And those things on the right hand side of the slide involuntary control by others exotic if what has occurred has more of these elements people will be more emotionally involved and traumatized by the events.

And I can give you the example of if we go back to September 11, 2001 and look at what happened at the World Trade Center when those buildings came down I think all of us collectively can relate to the emotional toll that that took on us and individuals and as a nation.

And if you look at that was it voluntary or involuntary? Of course involuntary, it was controlled by others. It was exotic, it was man-made which I can tell you any time we have an incident that involves either intentional or unintentional horror caused by people, people are more upset by it.

It was permanent, buildings came down people died. It was unfairly distributed because we were targeted by this and though most of us think of adults when we think of the World Trade Center there were also children involved.

But if you take a step back in time and look at what happened for Oklahoma City all of us recall that emotion when we understood that there were children in that day care center who died in that event and I don't know about you but I know whenever I think about Oklahoma City and the children that it upsets me more emotionally.

I talk a lot about the things that we have to overcome in our communication but one of the most important things we need to do, next, is to be able to build trust and you're going to see some consistency in the

messages that I'm presenting today in terms of how we communicate to people in a crisis.

To communicate to people in a crisis and to engage them to act to do the things we would recommend it requires trust. The ideal is that they trust us ahead of time but if not we may in the moment have to build trust with them.

And once again you'll see that expressing empathy about the situation that people are involved in is an important element of trust. All of the research mentions empathy as one of the foundational elements of building trust so without empathy we won't be trusted.

If we're not trusted our recommendations and what we're asking people to do to protect themselves or protect their community won't be acted on. Its important that we be competent again we're lucky because if we act competently they believe that we are.

Honesty once again honesty is important and I would suggest that honesty means not holding back bad news for the sake of holding it back because we think people can't handle it. Honesty is admitting when things go wrong. Honesty is allowing that people have a right to information and that we owe them that information in a crisis situation.

Commitment is simply saying that we'll be there for the long haul and accountability goes beyond just the accountability of money, it's the accountability of the decisions that we're making on behalf of the – of our communities or (patients) in this situation.

Next is a little formula that shows the movement from a crisis situation to a successful communication and you'll see that the speed of release and the accuracy of the information it's a divided by and that's because there is this natural tension in our communication.

We want to be fast in our communication because that's the marker for our preparedness and because we want to be able to counter bad information quickly but at the same time we have to be absolutely accurate.

I think that the difference that we have to engage here in a crisis situation is to be comfortable with telling people based on what we know now in giving them the information that we have that we know is accurate.

We have to be more comfortable with telling people that things can change that information will be evolving. We can't wait until we have all the answers to all the possible questions before we talk to people.

What we have to do is engage them in the process, bring them along with us, tell them what we know, admit what we don't know, and then tell them what we're doing to find the answers along the way.

Next. Although we haven't had time to go over every one of the principles in the (Stark Principle) I do think its important for you to understand that when you are creating messages and you're communicating to people who are feeling threatened, who are under a great deal of emotional strain, that you need to make that message as simple as possible.

As they calm down and as they work through the problem of course more complex information is fine but if you don't simplify the information what you may do is overwhelm them and they can't hear the message at all or they may self select those parts of the message that makes the best sense to them or that they're most comfortable with and they're going to ignore some of the important points you need to make.

We have to have our information out to people in a crisis in a timely way because if we don't they're going to not trust that we're there to do the work that we have to.

Our information must be accurate but it doesn't mean it has to be complete. We need to give people the facts as we obtain them and then prime them for the possibility that things could change along the way.

Information needs to be relevant. To be relevant means to answer those questions we saw early in this slide presentation that we know people are going to be asking any way.

What does this mean to me and my family? What can I do to fix this? Those are the questions that people will have in a crisis. The information needs to come from a credible source, credibility is based on trust and trust is based in part on our ability to express empathy.

And more than anything those messages coming from officials in a public health emergency must be consistent. When we start to mix the messages and we sometimes will mix messages because we use our own favorite jargon or we like to just say it a different way than other people, we're confusing people unnecessarily in the crisis.

To be compassionate is to be consistent in our messages and to have that kind of consistency for a wide spread crisis means that we have to work ahead of time. We have to start planning with our partners to insure that we can say the same things the same way and be consistent in the crisis.

In addition to the (Stark Principle) there are three terms that in the short time I would like you to uphold as the important aspects of crisis and communication to the public or our stakeholders and that is empathy.

We talked about why that's important. It allows us to share information. Action, the more we involve people in the process and give people things to do the more comfortable they will be the less anxious they will be.

The journal of psychiatry did a study following 9/11 and found that even symbolic actions helped reduced anxiety and made people feel better after 9/11. One of the actions – that symbolic actions that many people engaged in was putting out their flags.

Now putting out the flag didn't make you safer from the bad guys but it did make us feel better so giving people things to do is important and without question we need to respect people.

You respect people in a crisis by sharing information with them by acknowledging that they have a right to information and engaging them as much as possible in the process.

I'm going to leave it here now and Diana if you'd like we can open it up for questions.

Diana Hadzibegovic: Thank you Barbara excellent set of information. Yes we can open questions and answer session.

Operator: Thank you at this time we'll begin the question and answer session. If you would like to ask a question please press star 1, you will be prompted to record your first and last name.

Question: Yes we're talking about consistent messages what does CDC and local public health and state health departments need to do to make sure that we are having consistent messages.

Example bird flu, I've seen different temperatures listed as how hot you should cook chicken and with water contaminates and I've seen different directions on how long to boil water for safety reasons.

So my question is how do we get all that information correct now so it's ready to go when we need it?

Barbara Reynolds: That's an excellent question and I can tell you that it is frustrating to try and get consistent messages when you have so many people speaking on the same topic.

In terms of the temperature for cooking poultry I do know that there is a committee and forgive me because I don't know – I know it by acronym but not by name that did come to a determination and a consistent message now on the temperature for cooking poultry.

But that's not really the question, what you're asking is how do we begin to work together to get those consistent messages and now is the

time because we are in the pre-event phase of a potential pandemic whether its H5N1 or another strain of influenza.

And the only thing I can say is that we have to take these steps and others to understand that the message needs to be consistent.

We need to be identifying who our partners are and one of the important other things is that we need to identify whose message should carry the most weight and then be willing to say according to so and so this is the information that we all will be sharing.

I know that during Katrina that there was some question also about the boiling water and making water safe to drink and I believe it was actually during the Katrina time that there was some consensus made.

But we can't just have a consensus at the national level and then not communicate that down so it's important that people all people have access to information.

On – in terms of H5N1 or pandemic influenza preparedness one step that the federal government has taken is to have only one official Internet site and again the challenge there is to make sure that everything that goes up on that site is consistent in its message.

And then we have to be willing to put in the extra effort to share that and the more we work together at all levels of government and non-government because we can't forget all of our partners and all of the other stakeholders.

As much as we'd like to think that we're trusted routinely we know from research that local health officials and in people's own trusted doctor there were important sources for information and so its important that we get this information in their hands too.

Question: Hi Barbara I was wondering if you could speak to the importance of meeting new cycles both print news and broadcast news cycles?

Barbara Reynolds: I appreciate that question. I'll have to tell you that I started in the communication or media relations business before there were fax machines so I have had the opportunity to watch the change in media and in just the way information moves in the information age.

And there isn't a new cycle anymore. It's 24/7 especially in a crisis situation. What we have to do is understand and anticipate the questions that will naturally come from the media and be as prepared as possible to answer then very quickly.

Often times we spend a certain amount of effort in getting answers to the media and then we forget to answer some of our other stakeholders in ways that they should.

A real important tool that we found in Hong Kong in '97 was to have that information up on the Internet because the quicker we could get the information turnaround on the Internet the greater the possibility was that reporters would be reporting a consistent message.

Research has shown that in natural disasters that first reporting after a natural disaster 90% of those reports contain errors. I'm not saying that 90% of it was incorrect but that there are errors being reported.

I think it's our responsibility as the officials responding to a crisis to do as much as we can to have accurate information available to all media as quickly as possible.

Question: Yes there's a concern that a significant percentage of health care staff won't report to work if we do have a pandemic and related to fear. How best is that addressed from a communication standpoint?

Barbara Reynolds: It's an interesting question. I can't speak directly. I've seen some of the research you probably are alluding to too in terms of our health care workers but since we're all humans I think that there is something that we can learn from what I have found in the literature.

And that everybody's fears something its just difficult to know who's going to be afraid of what and I hate to say it but, you know, like mice just don't scare me but spiders send me, you know, running and screaming out of the room.

So it's important to identify what people are afraid of. What is it about H5N1 or bird flu that makes people afraid? And then what we can do is learn from the people who are less afraid what is it about that situation that makes them less afraid.

An example I've used is I happen to be very comfortable with infectious diseases for some reason the idea of being in a situation where communicable diseases are circulating doesn't really frighten me.

But I was working with a psychiatrist, Dr. (Cleet D. Giovanni) on a prospectus study about bio-terrorism and we were trying to see how different elements of a community would react to the possibility of an outbreak of (risk belly fever) and Dr. (Giovanni) as we were building this I said do you think we'll see anything do you think anybody will react to it?

And I think he understood what I was saying is like who is going to be afraid of this disease? And he goes I don't know Barbara should we change it to radiation?

Well the Barbara who doesn't not – who is not bothered by infectious diseases doesn't know very much about radiation and the idea was frightening to me and its like oh okay I get it.

Just because infectious diseases don't, you know, frighten me doesn't mean that they won't frighten someone else because that expert in radiation isn't frightened by radiation but I am because I'm not an expert.

So to overcome fear sometimes is to make things more familiar to give people as much information as they need to be able to manage their emotions in that situation.

We also have to be committed to doing those things that we can to protect the people who will be most important in responding to something like a pandemic of influenza.

So it's a combination of information and accountability of giving people the support that they need and I think that by reducing the exotic

nature of pandemic and we're doing this in part by talking about it before it happens we can help reduce fear.

Question:

Very good talk, thank you very much. I have a question about how I think you might have addressed this earlier but a little bit more on the impact of, you know, so called media experts such as Oprah Winfrey and so forth.

When she has a show on pandemic flues such as she did late fall early winter, you know, how do you counter or support or engage those types of messages in your more official communication?

Because it seems like the media is increasingly, you know, staging so called, you know, experts that are celebrity oriented.

Barbara Reynolds:

Interesting I haven't studied the phenomena of celebrity expert but I can tell you that we have looked at what I call these pop-up experts where people come in to a situation and whether they have expertise or not they're sort of knighted by the media and then get to do a running play by play about what the officials are doing in the crisis.

There's a couple of things that we can do. The more information we give those people who poke in to it will be talking about the topic the better off we are. The more that we as officials consistently say the same thing the better we off we are.

We have to accept that some people won't come into the fold because they have an aim that is different than ours and over the years that I have been involved in many kinds of crisis what I have found is that early in a crisis when things are really bad when the threat is real that

the media behaves much more as a partner to the officials and less as the sensational entertainment types.

So when the threat is a little more removed you're going to get more sensationalism in the way people address the topic. As the threat becomes more real people sober up a little bit, they're much more interested in giving out the facts and not sensationalizing them.

They're also more involved in helping to reassure themselves by offering reassuring information in the crisis. It's only after the main part of a crisis occurs that you see the kind of sensational reporting or well in advance of the crisis occurring and I think you're seeing that.

It's a worthwhile for us to work with media in these situations and I can tell you from the Department of Health and Human Services that they are in contact with entertainment shows and other parts of television trying to insure that there is a consistent and accurate portrayal of what the threat is and what we're dealing with.

Now are we always successful? No but we can make the attempt.

Question:

Hi I'd like to get back to the issue of achieving consensus from professionals when there isn't definite information and the issue that's coming up a lot is how long should a household prepare with food and water for a pandemic flu outbreak and you hear a public health expert saying everything from two days to three months which is quite a wide range and it's really to some extent people's best guess.

How do we go about achieving a consensus on an issue like that?

Barbara Reynolds: I think it's a difficult thing. I ask for a consistent message but I'm assuming that consensus has been reached by the time we're out giving that message.

As far as getting consensus and you're offering a wonderful example of where it could be very hard to do so. What is important at that point is to point out the differences and talk about it in terms of a range.

Most people again when they're threatened in a situation they're going to respond based on their natural inclination for fight or flight and there are extremes on both ends.

And so those people on the extremes may want to prepare for three months and those who are on the other extreme may only want to prepare for two days or for not at all.

If we treat people like adults and tell them based on what we know now this is what we anticipate could happen here's the range of recommendations it gives them the opportunity to make that decision for themselves.

And when we do have a consensus it's most important then that have a consistent message but if we offer a range of information a range of options that in itself is consistent.

Question: Yeah I'd like you to comment on strategies for keeping the right level of engagement like we have – the challenge we have now with (pan flu) of getting people to the table to plan and not freak out but not to get burned out over, you know, months and months of meetings.

And there's – my sense is probably quite a different reaction from say public health department staff, medical providers, or first responders and public officials not even really talking to the general public much about it.

Barbara Reynolds: Right good question. I will tell you that most of my work and my research has been directed toward behavior when the threat is real when the crisis is about to occur.

Planning is important. I think that the same thing you can apply the same question in the planning process are the key partners that you're looking for as we would in a crisis.

People are going to ask what does this mean to me so if I were trying to keep people engaged and frankly I've been very interested in this topic from a communication perspective ever since I was in Hong Kong nearly a decade ago because I really do think that a pandemic especially a severe pandemic in the United States is an event that would stress us on so many levels in ways that we haven't dealt with.

We have not dealt as a nation even though communities have but as a nation with wide spread death how are we going to prepare for that? That's a big question for me I'm very engaged in it.

But if I were trying to get partners to engage with me in it too I think I might point to some of the failures that have occurred in the past or certain persons within the community of partners who should be responding to it.

I think that I would try to share information and engage them at a level that they were comfortable with at this time. Maybe you can't get them to take the time to actually drive down to the meeting place but maybe they would be willing to take an email that shared the minutes of the meeting and allow them to be part of the process until they typically would want to engage.

It's hard to say if working on a problem that we don't know the timing of when it could occur it will burn people out or not. I haven't been burned out in a decade so, you know, I can't answer that question completely.

Question:

Hi there my concern right now in terms of consistency as well as some of the stigmatization is that I'm beginning to see crop up in some state wide information sources primarily in Alaska that they're using the term Asian Avian influenza and I'm wondering if that has been a national decision or whether or not we will get some sort of guidance and how we should actually be labeling this?

Barbara Reynolds:

Thank you for that piece of information. I have not heard it referred to that way. I can tell you that we have gone back to some of the earlier pandemics and talked about trying to take the location names off of them because it was stigmatizing in that regard and we didn't want to move to that.

I want to take this back to other communications people in the federal government and alert them to this. I think that if there was any way that we could deter people from referring to it this way it would be very important.

We know that our first reported cases of H5N1 occurred in East Asia but as it transforms itself and if it does transform itself into a more easily transmitted human disease we don't know where those first cases will occur and it's inappropriate for us to be stigmatizing an entire part of the world this way.

And we're more sophisticated in our understanding of stigmatization perhaps than we were, you know, a half a century ago and I think its incumbent upon all of us to work against it.

One of the things I'm concerned about is because most of the – well the cases human cases that have occurred have been in Asia and because of the close proximity between people and birds in Asia a lot of the pictures that we're seeing right now or what you're seeing on slides and in presentations are people with Asians and I think its unfortunate.

I saw it happen with SARS and I hate to see it happen with something like pandemic so thank you for that piece of information and let me take that back to people.

Question:

Hi yes I'm interested in pandemic influenza largely because developing communication messages for pandemic influenza is such a difficult challenge because we have limited tools to deal with it.

For example there isn't a vaccine so what type of message do you say to the public when a vaccine might be nine months off or the limited anti-virus so I'm wondering what is being done to – what type of messages are being developed to deal with so much uncertainty?

Barbara Reynolds: We share your concern and I will tell you that it is going to be difficult. There is going to be a great deal of uncertainty but what we have to do is not be overcome by the immensity of the project and say oh well there's really nothing we can do from communication.

I think that as hard as its going to be to talk to people about the possibility that there may not be a vaccine available for them for nine months is what do we do when we have vaccine but we have to triage that vaccine?

One of the toughest communications jobs we will have is to try to explain to people why we're giving some people a vaccine and other people not so there are a lot of communication challenges.

As much as possible we need to prepare people for what we know, the stages of this potential pandemic will be that there is going to be an early stage where we are going to have to be self sufficient.

I know that Secretary Levit in his state summit has been talking about how important the community level is. That said we're still looking for consistency in communication.

Because we don't have a perfect response and because we can't give people exactly the options that they want doesn't mean that we should give up and not try to communicate with them.

What we should do is still find those things that people can do to help protect themselves and even though they're not ideal they're something and some of those messages you may have been exposed to already

where we talked about (cost) etiquette and social distancing as ways we can help ourselves.

People want a quick fix but in this case we may not have that. We're talking about different trigger points in our communication depending on what's happening and how we need to talk to the situation as these trigger points occur.

There is a great deal of research going on around these issues these trigger points at CDC within HHS and other parts of the federal government that I'm aware of.

I'm sure that there's work being done in other places too and we are preparing, we do feel a sense of urgency but you're right there's a lot of uncertainty that we're going to have to deal with.

Question:

Yes I appreciate the presentation. In your presentation you said that to get the message out early and one of the questions that people want to know what can I do to protect myself and my family.

There's lots of information I think HHS has done a great job with pandemicflu.gov Web sites however only 45 – I'm sorry 55% of the households in the U.S. have Internet access I mean 45% don't and a lot of that information is not getting out to the regular media.

How do you get to that other 45% of the people to get that message out to them?

Barbara Reynolds:

That's an important question and part of that's going to be done on the local level. I know when I was teaching this course in Alaska I asked

the remote communities how do you give important messages – important information to people when they need it.

And it was we call somebody on a radio and the county clerk types it up and puts it on a bulletin board at the post office. Now that might seem pretty extreme in the 21st century but if that's what works for them that's what works for them.

In the meantime although most people do not have access to the Internet the other multiplier that we know exists is that most people do have access to some sort of mass media outlet.

Typically for people who may not have access to the Internet they probably are listening to radio that seems to be the one type of a mass communication that most people have access to.

And even though we can't get a lot of the information out to people today frankly a lot of them aren't interested in paying attention to it today either but what will be most important is when we have important health messages that people need in the moment or anticipating something coming to their community that we can get that to them.

And that's again part of the planning for a crisis and that we need our partners to work collectively and cooperatively. We also are the Department of Health and Human Services is working on developing a TV station where programming will be available for those people who have dish satellite but again we're not reaching everybody in that setting.

Question:

Hi thank you I just have a kind of a quick comment here. There's been a lot of discussions about consistency in messaging and I would invite people to go visit DisasterEducation.org.

There is where you can find the information on the meeting I believe you're talking about which is the Coalition of Organizations for Disaster Education formerly known as National Disaster Education Council.

That's where you can find a lot of the information on traditional disasters, natural disasters, human caused disasters and the consistency of messaging that might help you provide some of the content for your messaging.

A pandemic is going to be interesting because we're going to have a variety of people who are the very experienced in public health or very experienced in disaster but not many who can cross both those lines effectively.

So definitely needs to be a lot more communication and coordination between the two disciplines.

Barbara Reynolds:

Thank you I appreciate that.

Diana Hadzibegovic:

Thank you Barbara very much for a great presentation and for your time. I know how busy you are. For our listeners we will have instant replay in about actually one hour. You may call toll free 800-324-4693 and down load the link would be available on the end of this week.

Thank you very much and stay tuned for our next COCA conference call.

Barbara Reynolds: Thank you.

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