Crisis Communication: To Be Effective, Treat it Like Water

When you're prepared, a crisis is a perfect opportunity to spread the word about public health.

Maxine Hayes

Major crises in 2001, including the earthquake that struck the Puget Sound region, the terrorist attacks in New York and Washington, DC, on September 11, and the following anthrax attacks, have thrown public health officials into the spotlight and left some floundering in their attempts to calm public fears and respond to reporters' questions. A major part of what we have to do in a crisis is communicate with a variety of

audiences at a time when there are multiple demands on our attention. At such a time, it helps to be prepared.



Information can be a lifesaver, in the right amount, at the right time, and if the quality is good.

It can injure if there's too much or too little of it or if its quality is poor.

Good information is more than just accurate. It's also complete, consistent, timely, and appropriate to the audience.

Managing information is a lot like managing drinking water. It requires ongoing attention if you're going to achieve and maintain high quality. You need to get it from good sources. You can process it, store it, and move it around in many ways. You can regulate its flow, even to the point of turning it off completely—which is not always a

good idea.



Poster from Illinois WPA Art Project (Jan. 8, 1941), WPA Poster Collection, Library of Congress

Developing trust and credibility

In crisis situations, people may be very concerned and upset. They may not trust you at first. They'll be more inclined to trust you if you can show them that you are a credible source of useful information.

When people are concerned, it doesn't work simply to tell them they can trust you. They won't see you as credible just because of your position and your expertise.

You must *earn* trust. How you deal with an audience can influence this as much as—or even more than—your credentials or the content of

your information. Your body language, your expressions of genuine concern, your connection with them as *people*—all these help lay the foundation for getting your information across to the public.

Dealing with upset people

People who are upset often think negatively. Because of what experts call mental noise, upset people may have trouble hearing, processing, and retaining information. They may not listen well to what you think are logical, reasonable points.

To overcome mental noise, your messages must be clear and brief. Not surprisingly, if people think you are listening to them and hearing their concerns, the mental noise will become quieter.

Upset people often don't assimilate information well. You won't have many opportunities to get your messages across to them, so you have to plan your key messages and make them understandable.

Risk perception

People who are upset often perceive a risk much differently than do technical experts. You have to deal with this reality in risk communications. The worst thing you can say is, "There's nothing to be upset about." That's like throwing gasoline on a fire. A perceived risk, even if you believe it to be completely unfounded, is a reality you must confront.

If people feel something is out of their control, unfamiliar, and unfair, they will be more concerned about it than if it's familiar, voluntary, and under their own control—regardless of what objective scientific statistics may have to say about how likely they are to be killed or injured. The "real" hazard can be overshadowed by people's outrage and fear.

Trust and credibility are primary assets in such a situation. If people trust you and believe you, they are more inclined to listen to your explanations of the true hazard. If they don't trust you, you're not likely to influence their opinions or their behavior.

Message mapping

In a controversial and sensitive situation, you should plan your messages carefully. One useful technique is *message mapping*.

To "map" your message, try to keep to a limited number of key points. Three is a good number. Start by asking, "What are people concerned about?" Your points should address those concerns.

Take each key point and back it up with two or three supporting facts, then back up those facts with validating data.

Suppose your first point is, "We are taking this situation seriously and are working diligently to resolve it."

One supporting fact might be that you have employees out in the field right now looking at the situation. Validating data might include the number of people assigned and their qualifications.

Another supporting fact might be that you have taken extra samples and are having the analysis done on a priority basis.

Another might be that you have a decisionmaking system set up to evaluate information as it comes in.

If you do message mapping well, you'll have a good outline for a brief presentation and will be ready with answers to many questions.

Establish empathy

You can convey concern and empathy in a variety of ways. If you're dealing with community-wide concern, mention that you and your employees are members of that community and are facing the same thing that everyone else is.

You can convey concern and empathy through body language, good eye contact, and a confident, upright bearing. Pay attention to the audience. Listen to them. Look at them. Respond to them. Let them know that communication is a two-way street.

Be clear

As you develop and present your key points, above all, strive for clarity. That doesn't necessarily mean simplicity. The situation may be complicated, and you don't want to minimize that.

Strive for a logical flow of ideas—events in a time sequence, activities from high to low priority, or some other way to give a sense of order

Don't be afraid to repeat yourself or say the same thing in a different way. Repetition emphasizes the message and helps people remember it.

Avoid jargon. Terms such as *leachate* and *standard exceedence* may be second nature to you, but to the layperson they can be confusing.

Identify key audiences

There are many potential audiences for your public communications. Each will have different interests, needs, and concerns. They include the general public, your customers, the news media, regulatory agencies, your own staff, other utilities, schools, businesses, health professionals and facilities, and police and fire departments.

You won't have to deal with all these audiences in every situation, but you'll be better prepared if you at least think about them in advance. Keep a list of the most important contacts and ask yourself what kinds of information they will want.

Get ready in advance

The more tools you can create in advance, the better prepared you'll be when a crisis hits. Examples of such tools include a telephone log, a news media roster, a checklist of activities, a crisis communications team roster, and a list of your key audiences.

Avoid opinions and acknowledge uncertainty

You may be asked—or tempted—to offer opinions when you don't have solid information. Resist these pressures.

A good way to avoid the opinion trap is to acknowledge when you know something and when you don't—when you're certain and when you're not.

Nobody likes to say, "I don't know," especially when they're in a position of authority and leadership. But there are alternatives to saying "I don't know." For example:

"I don't have that information right now."

"I can't confirm that."

"We'll have more on that later."

"We'll follow up and get back to you."

Information is a commodity. It can be developed, found, and improved. It can become more complete over time.

When the crisis is over

Don't pass up the opportunity to give people some good news. Thank the many people who helped the community get through the crisis. Ask people to evaluate how you did. Talk about preventing similar incidents in the future. There will be no better time when an audience is more receptive to such messages.

The more tools you can create in advance, the better prepared you'll be when a crisis hits.

Author

Maxine Hayes, MD, MPH, is the Washington State Health Officer.

Editor's Note: A version of this article appeared in *The Water Tap*, a newsletter published by the Washington State Department of Health's Division of Drinking Water. It is based on a presentation by Dr. Hayes at drinking water seminars in fall 2001 and draws on material developed by risk communications expert Dr. Vincent Covello.