ANNOUNCEMENTS

• All participants must register for the Monthly Disease Surveillance Trainings in order for us to provide CMEs/CNEs:
  1. Log-on or Request log-on ID/password: https://tiny.army.mil/r/zB8A/CME
  2. Register at: https://tiny.army.mil/r/LEAid/EpiTechFY15

• Communicate with your Service surveillance hub to ensure you get information on future trainings and past recordings: POC info in chat box

• Confirm attendance for today’s training:
  – Enter your name/service into chat box or email your Service hub
  – You will receive a confirmation email within the next 48 hours
  – If you do not receive this email, please contact us

• Please put your phones on mute when not speaking
Monthly Disease Surveillance Training

Risk Communication

April 28, 2015

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What is Risk Communication?

“A science-based approach for communicating effectively in …
high concern, low trust, sensitive, or controversial situations”
What is Risk Communication?

Planning and executing communications with any stakeholder, internal or external, on any issue that can impact your mission. This includes crisis and non-crisis situations.

This requires significant communication skills.
What is Risk Communication?

- Policy, Laws & Regs
- Training
- Building a Strategy
- ID & Prioritize Stakeholders
- Develop Messages
- Select Delivery Messages
- Prepare Messengers
- Assess Effectiveness
- Public Meetings
- Develop RC Products
What are the Goals of Risk Communication?

- Increase Knowledge & Understanding
- Enhance Trust & Credibility
- Resolve Conflict

[Image: ANTHRAX AT HOME
Confirmed Cases Across the Country]

[Images of two men with a 'Spin' symbol]
Risk Communication is…

a Social Science

- Empathy
- Self-awareness
- Self-discipline
Big eyes, big ears and a SMALL mouth
The *court of public opinion* is very different from the court of law. At some tipping point, perception becomes reality.

- **Roy 'Tin Cup' McAvoy**: I hit it again because that shot was a defining moment, and when a defining moment comes along, you define the moment... or the moment defines you.
The Problem with Public Health

• When public health practitioners do their job, the results look like... nothing.
  – No one gets sick.
  – Diseases don’t spread.
  – Children don’t die.
  – Life pretty much goes on as normal.

• But behind the scenes, there’s actually lot of work that goes into preventing kids from getting measles, or containing an outbreak of hepatitis A, or delivering clean drinking water to your home.

• All of those things are public health, and all of them are easy to take for granted. And we have taken them for granted.
The Human Element
Negative Emotions
- Anger
- Fear
- Frustration
- Distrust

Agendas
- Personal
- Economic
- Social
- Cultural
- Historical

Stakeholder

Risk Perceptions
- Control
- Trust
- Benefits
Risk Perception

Catastrophic Potential

Voluntariness of Exposure

Familiarity

Control

Threat to Future Generations

Level of Knowledge

Equity

Trust

Benefits
Additional Challenges

“There is virtually no correlation between the ranking of hazards by experts and the ranking of those same hazards by the public”
Probably the shortest true statement that can be made about causality and correlation is "Empirically observed covariation is a necessary but not sufficient condition for causality." Or possibly "Correlation is not causality but it sure is a hint." Or possibly this:
SHARE: A DISCONNECT

SCIENTIST EXPERT

knows
thinks

Fact-based:
hazard, probability

CONSUMER PUBLIC

feels
believes

Value-based:
consequences, value
0

ZERO RISK

HERE LIES A PSEUDO-SCIENTIST

FINALLY AT ZERO RISK

R.I.P.
Fundamental Communication Shifts:

1) Abundance – Twitter, Facebook, Snapchat

2) Avenues - email, Facebook, Internet, Tumblr
When written in Chinese the word *crisis* is composed of two characters.

One represents *danger*, and the other represents *opportunity*.

John F. Kennedy April 12, 1959
Robert F. Kennedy Jr. apologizes for 'holocaust' remark in speech against California vaccine law

Published April 14, 2015 - Associated Press

April 8, 2015: Robert Kennedy Jr., son of former U.S. Attorney Gen. Robert Kennedy and nephew of President John F. Kennedy, speaks against a measure requiring California schoolchildren to get vaccinated during a rally at the state Capitol in Sacramento. (AP Photo/Rich Pedroncelli)
1. Identify and Prioritize Stakeholders

A stakeholder is anyone interested or impacted by the issue. BEFORE communicating any information, you must get to know the stakeholders and understand their issues and concerns.

Stakeholder identification and prioritization is the first step to any effective risk communication strategy. The primary objective of this step is to help ensure that no individual or group is missed and that messages can be tailored to specifically address their concerns and issues.

Identify Stakeholders

With most risk communication issues, the audience is not simply one big homogenous group (i.e., the general public). It is made up of many diverse stakeholder groups who will be affected and/or who will be most interested in a project or issue. Examples of the many different types of stakeholder groups can include:

**Internal Navy and Marine Corps Stakeholders**
- Military and civilian leadership
- Planners
- Public affairs
- Program managers
- Contractors

**External Stakeholders**
- Local, state and federal government
- Tribes
- Property owners
- Businesses
- Community groups
- Environmental groups
- Individual citizens
- Media
Determine the Appropriate Messages

When developing a risk communication strategy, there are three basic questions in determining the appropriate messages.

1. What do you want to tell your stakeholders?
2. What do they want to know?
3. What is likely to be misunderstood?

**Message Map template**

**Stakeholder:** The Public  
**Question or Concern:** How can I avoid contracting West Nile Virus?

<table>
<thead>
<tr>
<th>Key Message 1: Remove Standing Water</th>
<th>Key Message 2: Wear Protective Clothing</th>
<th>Key Message 3: Use Insect Repellent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Supporting Information 1-1: Unused swimming pools</td>
<td>Supporting Information 2-1: Long sleeves</td>
<td>Supporting Information 3-1: Containing DEET</td>
</tr>
<tr>
<td>Supporting Information 1-2: Flower pots and bird baths</td>
<td>Supporting Information 2-2: Long pants</td>
<td>Supporting Information 3-2: At least 23%</td>
</tr>
<tr>
<td>Supporting Information 1-3: Buckets and cups</td>
<td>Supporting Information 2-3: At dusk and dawn</td>
<td>Supporting Information 3-3: Medically proven effective</td>
</tr>
</tbody>
</table>

Typical Risk Communication Failures in an Emergency

- Mixed messages from your organization
- Mixed messages from your organization versus other respected organizations, including agency power struggles.
- Information released late
- Lack of frequent updates early in a crisis
- Unwillingness to admit what you don’t know
- Not countering rumors
Ebola deaths race past 700

The number of people who have died from the Ebola virus in West Africa has passed 700, according to the World Health Organization (WHO).

By ClarenceRoy-Macaulay

Ebola deaths race past 700

The statement said, “There has been a significant surge in the epidemic – the number of cases has increased dramatically... and the disease has spread to many more villages and towns.” - Dr. Marcia McFarlane

EBOLA VIRUS RAPIDLY SPREADING IN WEST AFRICA

Since it was detected in March, the number of suspected and confirmed cases attributed to Ebola in the West African nations of Liberia, Sierra Leone, Guinea and Nigeria stands at 1,711, including 832 deaths.

Related News:
2 American Ebola victims

EBOLA OUTBREAK

1. OUTBREAK AREA
   - Guinea: 363 cases, 691 deaths
   - Sierra Leone: 495 cases, 282 deaths
   - Liberia: 286 cases, 516 deaths

2. SYMPTOMS
   - Fever, nausea, vomiting, diarrhea, fatigue, muscle pain, headache, rash

World Health Organization, USA TODAY research; Note: As of Aug. 4, 2014
Jared Loehrke and Joan Murphy, USA TODAY
What People Need in a Crisis

• Acknowledge their fears/concerns
• Something to do
• Frequent updates
Generic Categories of Questions and Statements

1. Ventilation/Anger – A highly negative emotional state/anger
2. What’s the question or statement?
3. Rude but briefly acceptable. See overhead 2-7
4. Negative allegations – not true
5. Negative allegations – true
6. Guarantee/100% assurance/no risk acceptable
Generic Categories of Questions and Statements

7. Fairness questions
8. The setup question or statement
9. Personal interest that’s not relevant (in group discussions)
10. Policy
12. Fear
Categories #1 and #2

• Category #1 – Anger
  – Empathy
  – Open Ended Questions
  – Facts

• Category #12 – Fear
  – Do know
  – Don’t know *(See Attachment 3-1)*
  – Next update on “don’t know’s”
Generic Category #5

Negative Allegations That Are True

• Acknowledge the change
• Corrective Measures/Learnings
• Status/Timeline
Critical Traps to Avoid

• TAKING IT PERSONALLY
• Not knowing how to respond to fear
• Not knowing how to respond to anger
• Jargon
• Facts before conclusions
• Not listening
• Lacking good non verbal observation skills

• Spinning/Embellishing
• Humor
• Hedges
• Avoid “Push Backs”
• False confidence/Over reassurance
• Not admitting “you don’t know”
• So nervous that you are not clear
• Not giving people things to do that are helpful.
Nonverbals in Risk Communication

HOW you say it is as important as WHAT you say
What People Remember

10% What Is Said
60% Appearance
30% How It's Said
Three Key Principles

• Messages should support your communication mission.

• Know your stakeholder before you develop the message.

• Select the message vehicles, channels, and applications most appropriate for the stakeholders.
Message Purposes

• Raise awareness
• Educate/inform
• Get consensus
• Change behavior
Communication Vehicles*

- Written
- Oral
- Visual
- Audience interaction
- Computer-based applications

*Lundgren (1998)
Communication Channels

There are various types of channels you can use to communicate your message

- Media
- Advertising
- Public meetings
  - Poster station meetings
  - Informal
- Internet
- Employees, families
- Third-party supporters
- “Word of mouth”
- Speaker bureaus
Message Mapping

- A tool for organizing factual information, both verbal and written
- Applies to one of the 3 Arenas of Risk Communication – Perception of Risk
- Most useful in pre-crisis and crisis alert periods
- Organizes facts into a hierarchical arrangement
- Each layer supports the preceding layer
- Provides a sense of how much information to communicate in various situations
General Guidelines

• Usually 3 messages/layers
• Sentences – maximum of 15 words, usually less than 10.
• Grade level – 6th to 8th grade level
• Most important message first in each layer.
George Orwell’s 6 Rules of Writing

• Never use a metaphor, simile, or other figure of speech which you are used to seeing in print.
• Never use a long word where a short one will do.
• If it is possible to cut a word out, always cut it out.
• Never use the passive where you can use the active.
• Never use a foreign phrase, a scientific word, or a jargon word if you can think of an everyday English equivalent.
• Break any of these rules sooner than say anything outright barbarous.
Military – Avoid Acronyms

Sure, the Navy has its DictNavAb – Dictionary of Navy Abbreviations – but here’s where you’ll find your VaPiConPmiAcroGlos, or The Virginian-Pilot Context Page Military Acronym Glossary, for those dizzying strings of capital letters.
You can’t control the media; you can control the message.
Media Interview

The media is a “conduit” to your audience.
Can you answer these 3 Questions comfortably?

What did you know?

When did you know it?

What did you do about it (and how fast)?

Lawyers and the Media already know the answer before they ask you.

It's rarely the event itself, rather the cover-up that kills the person and/or organization.
Big eyes, big ears and a **SMALL** mouth

Trap: Don’t take it personally

The Way You Start A Conversation May Determine The Outcome You Get

Winning **Feels Different** in Risk Communication
Questions/Service POCs

• Army:  USAPHC – Disease Epidemiology Program
Aberdeen Proving Ground – MD
Comm: (410) 436-7605   DSN:  584-7605
usaphc.disease.epidemiology@us.army.mil

• Air Force:  Contact your MAJCOM PH or USAFSAM/PHR
USAFSAM / PHR / Epidemiology Consult Service
Wright-Patterson AFB, Ohio
Comm: (937) 938-3207   DSN:  798-3207
episervices@wpafb.af.mil
Navy: Questions/Service POCs

NMCPHC Preventive Medicine Department
– COMM: (757) 953-0700; DSN: (312) 377-0700
– Email: NMCPHCPTS-threatassessment@med.navy.mil

Navy Environmental and Preventive Medicine Units (NEPMU)
• NEPMU2
  – COMM: (757) 953-6600; DSN: (312) 377-6600
  – Email: NEPMU2Norfolk-Threat-MedEpi@med.navy.mil
• NEPMU5
  – COMM: (619) 556-7070; DSN (312) 526-7070
  – Email: HealthSurveillance@med.navy.mil
• NEPMU6:
  – COMM: (808) 471-0237; DSN: (315) 471-0237
  – Email: usn.jbphh.navenpvntmedusixhi.list.nepmu6@mail.mil
• NEPMU7
  – COMM (international): 011-34-956-82-2230 (local: 727-2230); DSN: 94-314-727-2230
  – Email: NEPMU7@eu.navy.mil