Communicating in a Health Emergency

Crisis Communications Guide

NYC Health
THE NEW YORK CITY DEPARTMENT of HEALTH and MENTAL HYGIENE
Communicating in a Health Emergency

Table of Contents

Introduction • 2
Quick Guide For Communications • 3
Messenger • 11
Message • 16
Means • 22
Lessons Learned • 26
Appendices • 28
Appendix A: Scenarios • 28
Appendix B: Developing Your Own Messages • 32
Appendix C: Website Resources • 34
Appendix D: References • 35
**INTRODUCTION**

The devastation of the Gulf Coast by Hurricane Katrina in 2005 and the terrorist attacks on September 11, 2001, remind us how important it is to have solid communications—both internally and externally—during a crisis.

During a crisis, emotions and high stress can impact on how people perceive the situation and react to it. When people process information during high stress or emotionally charged situations, they commonly experience “mental noise.” Mental noise creates an inability to process information rationally. When mental noise reaches significant levels some people are unable to hear, understand, or remember information at all.

Effective risk communication, especially on an individual level, can play a critical role in the psychological impact of an emergency. By applying risk communication techniques, all individuals responding to the emergency can play a part in managing the mental health surge.

The New York City Department of Health and Mental Hygiene has prepared this guide with the Consortium for Risk and Crisis Communication to provide quick tips for planning resource for effective communication during moments of risk and crisis.

In this guide you will find some fast tips to apply in an emergency, the important elements to effective risk communication, and ways that you can put it into practice.

---

**Quick Guide for Communications**

**Anticipate, Prepare and Practice**

During an emergency the focus of good or bad communications is usually on how organizations share information with the media and general public; and although mass communication are essential, often times we forget how it is equally important to effectively communicate on a more localized level—with patients, family members, fellow employees or the local community.

Like every other piece of an effective emergency response, communication requires dedicated effort before, during and after the crisis. This includes:

- **Anticipating** the communication needs of those you would communicate with in an emergency—patients, family members, etc.;
- **Preparing** to meet those needs fully and quickly;
- **Practicing** the skills and exercising the processes needed.

People’s first impressions are based on how they perceive your level of concern, your responsiveness and your body language. Communications mistakes can make a crisis worse by confusing those you are communicating with, making it harder for them to understand the situation and protect themselves. These mistakes can also reduce your credibility and patients, family members or co-workers willingness to listen to what you have to say.
Anticipating, preparing, and practicing risk and crisis communications before an emergency occurs helps ensure that your response will be effective and well received.

**High-Stress Communication**

*Watch your wording.*
- Words have consequences.
- The right words can make a positive difference.
- The wrong words can lead to irreversible communication regrets.

*Don’t speak until you’re comfortable doing it.*
- Most communications mistakes occur when you are unprepared or uncomfortable.
- If you’re uneasy taking with others, but know you would need to in an emergency: anticipate, prepare, and practice until you are.

*Understand your audience*
- Know their key concerns, what questions they might ask you.
- Consider their level of education and cultural or language barriers
- Make sure your messages meet their needs.

**MYTH VS. TRUTH**

**Risk Communications Myth:** Crisis and risk communications is not my job.
**Truth:** Yes it is.

All Myth and Truth boxes are cited from Chess et al., 1988, unless otherwise specified.

**Anticipate**

The success of solid risk communications depends on anticipating and preparing for an emergency. Hospitals and other organizations work to anticipate how to respond to a variety of emergency issues areas including security, employee safety, evacuation, and surge capacity; how to communicate internally and externally is an equally important part of anticipation.

Think about what information you might be asked? During a crisis is the worst time to begin thinking about these questions. Here are the top three things you should do when anticipating to communicate in an emergency:

**Anticipate Questions and Create Messages**
- Create a list of all of types of people you will need to communicate with during a crisis.
  - Internal audiences: employees, family members, patients, etc.
  - External audiences: community members, partner emergency responders, special populations (homeless, non-English speaking groups, blind, deaf, homebound, etc.)
  - Government: public officials, regulatory agencies, etc.
- Anticipate the questions that your audiences may ask for a variety of scenarios.
Develop messages that answer the questions and concerns of your audiences.
– Remember that people’s fears will be heightened in an emergency.
– Avoid over-promising.

Coordinate Communications

- Determine if you are the right person to be talking with family members, patients, community members, etc. during an emergency.
- Who should you coordinate with to make sure that people’s questions are answered?
- Do you have back-up communicators?

Have Fact Sheets Available

- See if your organization has information developed about a variety of scenarios. (The Centers for Disease Control and Prevention has many fact sheets that are already developed. You can download these documents and simply print or put them on your letterhead with a reference to www.cdc.gov.
- Develop information about your organization. These can include frequently asked questions that people may ask during an emergency.

MYTH VS. TRUTH

Risk Communications Myth: Communicating risk is more likely to alarm than calm people.
Truth: Not if done properly. Educate and inform, don’t simply alert and alarm. Give people the chance to voice their concerns, ask questions, and process the answers.

Prepare

If a large-scale emergency occurs it is important to be prepared. Anxiety can be high during large-scale emergencies; people’s perceptions of the situation and how your organization is responding will be formed during the first few hours of the crisis.

To be most effective, you and your team must be prepared by knowing what steps to take and how to implement them. People’s lives could be at stake, and effective communications can reduce panic and save lives.

First Communication Steps to Take in an Emergency

Assess the crisis. Determine what your organization is doing and how you can share information and work together with other departments.

- Figure out who your main audiences will be for the emergency and what information they need. (If you have pre-developed messages regarding the situation refer to these for potential questions/answers for various groups)

Determine how to get out information: How will you communicate with concerned family members, patients, employees, etc.?
When communicating with your organization, you may be the messenger for family members, co-workers, patients, local community members, etc. If you do need to share information, keep these things in mind:

- Only share information you know to be true.
- Convey empathy and caring.
- Demonstrate competence and expertise.
- Communicate honestly and openly.
- Exhibit commitment and dedication.
- Be sensitive and responsive to individual concerns.
- Express optimism.
- Stay calm and collected under pressure.
- Show positive body language.

Prepare answers for the crisis-specific questions which will be asked immediately.

- Most of the questions that will be asked can be anticipated.
- Support your messages with facts whenever possible.
- In a crisis you should assume anything you say will be repeated, so it is important to give accurate information.

Focus on how you deliver information. It is essential to express compassion.

- Be honest about what you know and don’t know.
- Be clear about what is being done and when you anticipate having more information.
- Be explicit about what individuals can and should do.
- Don’t spread rumors by sharing information that you do not know with certainty to be credible.

Practice

As you practice, remember that there are three elements to an effective communication plan—Messenger, Message and Means—these components should be ready immediately in an emergency.
Crisis Communications Guide • Communicating in a Health Emergency

MESSENGER

The Messenger or person communicating in an emergency—publicly through the media or privately to employees, family members, neighbors, or patients—can make or break the situation. No matter how important or well-developed the message is, if the messenger that delivers it is not well-spoken, empathetic, and a credible source, the message will most likely be lost.

When deciding who should speak, ask these questions:

...Skilled in interpersonal communication?
- Able to convey empathy
- Effective listener
- Respectful of people’s concerns

...Knowledgeable of about the situation?
- Capable of providing reliable guidance
- Capable of minimizing health risks

...Credible?
- Known
- Respected
- A leader in the area/department/organization

Means

In emergencies it is particularly important to optimize use of channels that permit two-way interactive communication, in addition to traditional mass communication channels. Plan in advance for ways you can communicate:

- Face to face forums (town hall meetings, public gatherings, etc.).
- One-on-one or small group conversations
- Websites, message boards, etc.

Working through scenarios like the three samples found in Appendix A, either in small or full scale, is essential. Practice responding to questions that you might be asked during an emergency. Focus not only on the message, but also on how you deliver that message. Remember it is not just what you say, but how you say it that makes a lasting impression.

Avoid negatives, scientifically complex terms, and guarantees.

Be prepared for a variety of questions and follow-up questions.

Explain complex items at a simple level.

Stay on message.

Be concise and consistent.

QUICK TIP:

“People need to know that you care, before they care what you know.”
—Will Rogers
Five General Rules for Building Trust and Credibility
(Covello and Allen, 1988)

1. **Involve the public as a partner.** People will be more accepting of information when spokespeople convey that they are in the situation together with the public and welcome the public's input.

2. **Recognize the public’s specific concerns.** People will be dissatisfied when information does not address their needs.

3. **Be open and honest.** People will be more accepting of information when spokespeople display truthfulness, honesty, and a willingness to address tough issues.

4. **Coordinate with other credible sources.** People will be dissatisfied if organizations deliver inconsistent messages.

5. **Meet the media’s needs.** If the media are working on a specific aspect of the story, they will report it to the public with or without your help. Make sure you tell the media what you want the public to know.

**Non-Verbal Communication**

Another important element to establish credibility is to be mindful of your body language and what it can mean to your audience.

- **Poor Eye Contact:** dishonest, closed, unconcerned, nervous, lying
- **Sitting back in chair:** not interested, unenthusiastic, unconcerned, withdrawn, distancing oneself, uncooperative
- **Arms crossed on chest:** arrogant, not interested, uncaring, not listening, impatient, defensive, angry, stubborn, not accepting
- **Infrequent hand gestures/body movements:** dishonest, deceitful, nervous, lacking self-confidence
- **Rocking movements:** nervous, lacking self-confidence
- **Pacing back and forth:** nervous, lacking self-confidence, cornered, angry, upset

**TEMPLATE TOOL: IDK (I DON’T KNOW)**

**When you don’t know, can’t answer, or are not the best source for information:**

- Repeat the question (trying to avoid negative words or allegations).
- Say “I wish I could answer…;” or “My ability to answer is limited…;” or “We are still looking into the situation…”
- Say why you can’t answer. Don’t say “No comment!”
- Give a follow-up (what appropriate contact person will call) with a deadline.
- Bridge to what can be said (convey your prepared messages).

**MYTH VS. TRUTH**

**Risk Communications Myth:** What you say is more important than how you say it.

**Truth:** In a crisis the public and the media will trust the messages they receive if they believe officials have their best interests at heart. It is critical to demonstrate empathy, compassion, and concern when delivering information.
Overcoming Mental Noise

When people process information during high stress or emotionally charged situations, they commonly experience “mental noise.” Mental noise creates an inability to process information rationally. When mental noise reaches significant levels some people are unable to hear, understand, or remember information at all.

As a messenger it is important to understand how your audience thinks, what concerns they may have and what is important to them. When responding to their concerns, keep in mind the mental noise they may be experiencing, and keep your message empathetic, brief, and to the point.

Because of these mental noise factors, peoples’ perceptions of the seriousness of the situation or the actions that need to be taken may not be determined by the facts, but instead by emotions or perceptions of the event. People do not like to be “put” at risk at any time, but especially when they are under high stress. When communicating about an emergency, keep the perceptions outlined in the chart below in mind.

<table>
<thead>
<tr>
<th>Risks viewed as…</th>
<th>…are more acceptable than risks viewed as…</th>
</tr>
</thead>
<tbody>
<tr>
<td>voluntary</td>
<td>being imposed</td>
</tr>
<tr>
<td>under an individual’s control</td>
<td>controlled by others</td>
</tr>
<tr>
<td>having clear benefits</td>
<td>having little or no benefit</td>
</tr>
<tr>
<td>distributed fairly</td>
<td>unfairly distributed</td>
</tr>
<tr>
<td>natural</td>
<td>manmade</td>
</tr>
<tr>
<td>statistical</td>
<td>catastrophic</td>
</tr>
<tr>
<td>generated by a trusted source</td>
<td>generated by an untrusted source</td>
</tr>
<tr>
<td>familiar</td>
<td>exotic</td>
</tr>
<tr>
<td>affecting adults</td>
<td>affecting children</td>
</tr>
</tbody>
</table>

Frequent hand-to-face contact/resting your head in your hands: dishonest, deceitful, nervous, tired, bored

Hidden hands: deceptive, guilty, insincere

Speaking from behind barriers (podiums, lecterns, tables): dishonest, deceitful, too formal, withdrawn, distancing oneself, unconcerned, not interested, superior

Speaking from an elevated position: superior, dominant, judgmental

Speaking from behind a desk: bureaucratic, uncaring, removed, distant, uninvolved

Touching and/or rubbing nose: in doubt, disagreeing, nervous, deceitful

Touching and/or rubbing eyes: in doubt, disagreeing, nervous, deceitful

Pencil chewing/hand pinching: lacking self-confidence, in doubt

Jingling money/items in pockets: nervous, lacking self-confidence, lacking self-control, deceitful. A good tip: empty your pockets before an interview or presentation.

Constant throat clearing: nervous, lacking self-confidence

Drumming on table, tapping feet, twitching, etc.: nervous, hostile, anxious, impatient, bored
Public Health Emergency Messages

Effective crisis communication comprises not only the right messengers, but also the messages that are conveyed. The following information provides valuable content for messages that can inform individuals about the situation, address their concerns, and help them act responsibly and safely in a crisis. Keep in mind that it is not the messages alone that will lead to successful communication, but also the involvement of trusted and credible voices employing clear, open, and two-way channels.

Preparing Different Types of Messages

There are three main types of messages that you will need to prepare:

**Overarching:** Messages that address questions about what is critical to the situation, i.e., what you want the audience to know regardless of the questions that are asked.

- What is your organization doing to respond?
- What actions should I take?
- What is the most important thing I should know about what has happened?

**Informational:** Messages that respond to questions about the who, what, when, where, and how of the situation. These are usually questions that either ask specifics about types of emergencies or event-specific information.

- What has happened—when and where?
- Who is involved?
- Where should I go to get more information?

**Challenge:** Messages that address or bridge away from questions that are antagonistic, make allegations, question credibility, or ask for guarantees.

- You have failed before, how can we trust you?
- Aren’t you really responsible for this situation?
- Can you guarantee that my family is safe?

Creating Your Answer

Make sure that your message only three main points, which is the number of messages people can process in high stress situations. Keep your messages simply and to the point. Steps on how to create messages is shown in Appendix B.

Language

Develop your messages at a level four grades below the average reading level of your audience. You don’t want to talk down to those you are communicating with, but in emotionally charged situations people have a harder time understanding difficult concepts and terminology.
Answering Difficult Questions

You may get questions that, if answered inappropriately, could create mistaken impressions and fuel unwarranted concerns.

Here are some typical difficult questions with tips for handling them:

**Allegation Questions** (For example: “It’s the Health Department’s negligence that caused this mess; how are you going to fix it?”)

- Repeat/rephrase the question without repeating the allegations or saying negative words.
- Acknowledge that the issue is important.

**Guarantee Questions** (For example, “Can you guarantee that this disease outbreak won’t affect my family?”)

- Avoid a yes or no response.
- Point out that the question is about the future.
- Acknowledge what has worked in the past/present.
- Bridge to known facts, processes, or actions: “Here’s what I can guarantee . . .”
- Focus on processes rather than results.

**Worst-Case Questions** (For example, “What if the health department isn’t able to contain the outbreak?”)

- Point out that this is a “what if” question.
- Indicate that it is more useful to talk about “what is.”
- Bridge to known facts.

**Research shows that effective messages are developed when the following tips are kept in mind:**

- **Keep IT SIMPLE:** Develop messages at a 6th grade reading level—target your message to an average 12-year-old child, avoiding jargon and scientifically complex terms.
- **Keep IT BRIEF:** Make messages for the public brief, concise, and clear.
- **Keep IT TO THE POINT:** Three key messages is all the public can process during a high stress situation. Focus on the most important messages first and last as this is what people usually remember.
Avoiding Communication Pitfalls

Avoid Using “I”.
- Speak for the organization with the pronoun “we.”
- Avoid the impression that you, alone, are the authority or the sole decision-maker.
- Never disagree with the organization you represent by saying, “Personally, I don’t agree,” or “Speaking for myself” or “If it were me.”

Avoid Speculating.
- Stick to the facts of what has, is, and will be done.
- Avoid speculating on worst-case scenarios, what could be done, on what might happen, or on possible outcomes.
- Avoid turbulence.

Avoid Making Promises.
- Promise only what you can deliver.
- State your willingness to try.

Avoid Jargon and Technical Terms.
- Limit their use
- Be sure to explain any acronyms/jargon if you have to use it.

Avoid Negative Words and Phrases.
- Use positive or neutral terms.
- Avoid highly-charged analogies, like “This is not Chernobyl.”

Avoid Assessing or Deflecting Blame.
- Don’t point fingers at others.
- Focus your communications on how problems can be solved.

Addressing Costs.
- Focus on the human benefits to be derived.
- Avoid detailing the costs entailed.

Avoid Humor. No exceptions!

Responding to Attacks.
- Respond to issues.
- Do not respond to people.
- Strive to end debates, rather than further them.
- Remain calm.

KEEP IN MIND:

When responding to reporting errors and rumors, remember to:

- SQUELCH RUMORS. Be clear and unequivocal. Don’t leave comments open to interpretation.
- NEVER OVERREACT! Usually mistakes are just that: mistakes.
- CORRECT INCONSEQUENTIAL OR ISOLATED MISTAKES. Emphasize the facts whenever possible. If a small mistake is made before a limited audience, correct the mistake within that group only.
- DON’T MAKE IT A BIG DEAL. Bringing up rumors and mistakes only reemphasizes them. Fight back with facts!
There are several important ways to communicate during a crisis. On a large scale, working with the media is important to get messages out to a large group of people. Only communicate with the media if you are your organization's designated spokesperson.

Although you may not be asked to speak to the media or a very large group of people, it is important to remember that the smaller scale methods like one-on-one or small group conversations and town hall meetings, are equally important when communicating during a crisis. What people hear or discuss on an interpersonally level is many times remembered more clearly because it is an interactive conversation.

**One-on-One and Small Groups**

Your job is not to spread rumors or fear, but to reassure and assist those around you. Remember these principles when talking with neighbors, family members, community groups, etc.

- Only share information you know to be true.
- Convey empathy and caring.
- Communicate honestly and openly.
- Be sensitive and responsive to individual concerns.
- Express optimism.
- Stay calm and collected under pressure.
- Show positive body language.

**Large Groups**

There may be situations where you will need to talk with employees, family members, or community members in a group setting. There are some quick steps to keep in mind as you prepare:

**Understand Your Audience**

Knowing who your audience is and what their interests and concerns are will help you prepare to provide the correct information and answer their questions.

**Structure Your Presentation**

Your presentation should have four key segments:

1. **Introduction**

   The audience will determine in the first 30 seconds whether or not they find you credible and trustworthy. It is important to include three key components in your introduction:

   - A statement of personal concern, e.g., *I can see by the number of people here tonight that you are as concerned about this issue as I am.*
   - A statement of organizational intent, e.g., *The entire [organization] is committed to protecting your health and safety…*
   - A statement of purpose and plan for the particular meeting, e.g., *Tonight we would like to spend about 15 minutes talking about what has happened and steps we are taking, then we would like to open the floor for discussion, questions, and concerns. We will also be available after the meeting to answer any additional questions you might have.*
2. Key Messages
These are the most important points you want the audience to understand and remember after the meeting. They should relate to your audience’s needs and concerns.

Your messages should be emphasized in handouts and with visual aids, as people are more likely to remember information they see and hear simultaneously. Your visual aids should be succinct, neat, clear, and uncluttered. These may include fact sheets, Microsoft PowerPoint presentations, charts, diagrams, maps, lists, glossaries, photographs, or illustrations, for example.

3. Provide a Strong Conclusion
This is a summarizing statement that should reemphasize your key messages. If appropriate you should include a future action statement detailing next steps your organization will take or when they can expect more information.

4. Give Time for Questions
How you answer questions—what you say and how you say it—will impact the success you have with your audience.

- Practice beforehand how to answer questions in general and responses to specific inquiries you believe you will receive.

- Listen clearly to the questions. Repeat/rephrase the question to see if what you heard is what they meant and/or ask for clarification to make sure you understand before answering.

- Keep your answers focused to the questions asked, very concise, and if possible reemphasize your key messages.

- Be truthful. If you don’t know, say so. Follow up as promised. If you are unsure of a question, repeat or paraphrase it to be certain of the meaning.

---

**MYTH VS. TRUTH**

**RISK COMMUNICATIONS Myth:** The public often is focused on the wrong concerns and diverts us from communicating what’s important.

**Truth:** The public’s concerns can not be ignored, and it is part of your job to manage issues and expectations. Your priorities and theirs need not be mutually exclusive – the better informed people are, the more likely both your agendas will be aligned.
Lessons Learned

Now that you have thought about what to do in the first 24–72 hours of an emergency, let’s take a look at what to do when the crisis is over.

Knowing that there can always be a “next time,” it is essential to analyze all aspects of communications after an emergency to determine the lessons learned—what worked and what didn’t. Once you have reviewed these best practices and challenges, it is important to build upon those lessons learned as you prepared in the future.

After an Emergency

What worked?
- Use team feedback to assess the communications effectiveness.
- What do members of the team think worked? What didn’t?
- What challenges did they face?
- Were they prepared to respond?
- How did they respond?
- What criticisms have been received?
- What ideas does the team have for improvement?

Were your messages and delivery effective?
- Which messages were effective with those you spoke with?
- How did the people respond to the messages?
- Which caused confusion or anxiety?
- Were processes for getting information out effective?
- Did the people follow the instructions you gave?

How well did you do?
- How well did you communicate about the evacuation (or other major action)?
- What breakdowns in communications happened; when did they occur?
- How well did you communicate to patients, employees, family members, community, etc about the situation?
- If instructions or directions were given about protection or prevention, were they followed?

How can I improve?
- Apply new knowledge to make your communications more effective.
- Note weaknesses, challenges, or pitfalls and take steps for improvement.
APPENDIX A:

Scenario 1: Food Contamination

On DATE, more than two dozen New York City residents were admitted to emergency departments across the city with symptoms of severe food poisoning. All residents consumed a local brand of milk purchased from various supermarkets. An investigation is ongoing to determine the source and extent of the food poisoning.

Potential audiences:
- Sick
- Family members or friends of the sick
- Your family and friends
- The worried well
- People who think they might have been affected
- The surrounding community
- Your neighbors

Anticipated questions:
- Am I going to die?
- Has anyone died?
- How many other people have this?
- What symptoms should I watch for?
- How long will the symptoms last?
- What side effects does the medication you are giving me have?
- What kind of food poisoning is it?
- Could this have been a terrorist activity?
- Should I stop drinking milk?
- Can I stay with my family member?
- Is it contagious?
- Is baby formula safe to give my baby?
- Is milk still being served at schools?
- Whose fault is this?
- When should I go to the hospital?

Scenario 2: Dirty Bomb

On DATE, at approximately TIME, there was an explosion in NYC BOROUGH. NUMBER people were killed instantly by the blast, with another NUMBER taken to an area hospital to be treated for blast-related injuries. It has been determined that the cause of the blast was a one-pound explosive device containing iridium stolen from a radiation center. The area is being treated as a crime scene.

Potential audiences:
- Injured
- Family members and friends of those injured
- Your family and friends
- Your neighbors
- Employees
- The worried well
- People who think they might have been affected
- The surrounding community

Anticipated questions:
- What is a dirty bomb?
- Who is in charge here?
- Why should I trust you to (help me, respond to the emergency, care for my loved one, etc.)?
- How do I know if I have been exposed to radiation or contaminated by radioactive materials?
- What actions should I take to protect myself?
  - If I was outside and close to the bomb?
  - If I was inside and close to the bomb?
  - If I was in a car and close to the bomb?
- What about my children/pets/elderly parents, etc.
- Do we need to evacuate?
- Are you scared? If not, why not?
- Will there be any long-term affects from the radiation?
- I am pregnant—is my baby safe?
- Was this a terrorist event?
- Should I go to the hospital?
- Are people who were exposed to radiation contagious?
Scenario 3: Pandemic Influenza Outbreak

Avian influenza is now easily transferable from human to human. Upon return to America from a trip to Asia, a traveler has been diagnosed with this new strain of avian influenza. This person is currently hospitalized at NAME OF HOSPITAL in New York, New York.

**Potential audiences:**
- Sick
- Family members or friends of the sick
- Your family and friends
- Your neighbors
- The worried well
- People who think they might be getting sick
- The surrounding community

**Anticipated questions:**
Use prepared messages concerning an avian and pandemic influenza. Messages can be found on WWW.PANDEMICFLU.GOV. Some of the questions you could be asked include:
- How worried should we be?
- What symptoms should I look for?
- Am I (or my loved one) going to die?
- How did avian influenza get to New York City?
- Who is the first victim?
- How many people are infected?
- How long once infected will people begin to die?
- Has anyone died?
- What is the worst case scenario?
- What is the difference between avian and pandemic flu?
- Can eating chicken kill you?
- Can you guarantee I will not get avian flu by eating chicken?
- Does your hospital have enough room/staff to deal with pandemic flu?
- Are my children (elderly family members) at a high risk to get this?
- What do you mean by quarantine?
- Do we have enough vaccine for everyone in New York?
- If there is not enough vaccine, who will get it first?
- Will the local communities will receive medications and vaccines soon?
- Can you guarantee that the vaccine will prevent people from getting avian flu?
- How long will this pandemic last?
- How do you get pandemic flu?
- Is there any medicine to treat pandemic flu?
- Should I go to work?
- Should my children go to school?
- What can I do to protect myself?
- When should I go to the hospital?
APPENDIX B: Developing Your Own Messages: Message Mapping 101

Definition
A message map provides an organized, prioritized repository of the information available to convey and support the messages the public needs to hear, understand, and remember. Message maps also structure information essential for responding to public concerns.

Developing Message Maps
Developing your messages that will be released to the public is very important. Here are seven steps to check off when developing your crisis message maps.

STEP 1: Identify stakeholders.
Stakeholders are interested, affected, or influential parties that would be or are currently affected by the situation.

STEP 2: Identify concerns.
Develop a complete list of specific concerns for each important stakeholder group. Questions and concerns typically fall into three groupings: Overarching, Informational and Challenging.

STEP 3: Identify underlying general concerns.
Analyze all concerns to identify common sets of underlying general concerns. Most high concern issues are associated with no more than 15-25 primary underlying general concerns.

STEP 4: Develop key messages.
Messages should be in response to each stakeholder question, concern, or perception.

STEP 5: Develop supporting facts and proofs for each key message.
Supporting facts provide the continuity and details needed to support the key message. Key messages should have no more than three supporting facts.

STEP 6: Conduct systematic message testing.
Message testing should done by subject matter experts not directly involved in the original message mapping process to validate the accuracy of technical information. In a crisis this will need to be done very quickly. Sharing and testing messages with partners ensures message consistency and coordination.

STEP 7: Plan for delivery.
Prepare for the message maps’ delivery by a trained spokesperson or through the appropriate communication channels.
APPENDIX C:

Website Resources

*American Hospital Association, Disaster Readiness:*
http://www.hospitalconnect.com/aha/key_issues/disaster_readiness/

*Centers for Disease Control and Prevention*
www.cdc.gov

*Federal Emergency Management Agency*
www.fema.gov

*Greater New York Hospital Association, Emergency Preparedness Resource Center:*
www.gnyha.org/eprc

*National Emergency Management Association*
www.nemaweb.org

*New York City Department of Health and Mental Hygiene:*
www.nyc.gov/html/doh

*New York State Department of Health, Emergency Preparedness and Response:*
www.health.state.ny.us/environmental/emergency/index.htm

*New York State Emergency Management Office:*
http://www.semo.state.ny.us/index.cfm

*New York State Office of Mental Health*
http://www.omh.state.ny.us/

*United States Department of Health and Human Services:*
http://www.hhs.gov

---

APPENDIX D:

References


**TOP TEN WAYS**

*To Avoid Communications Mistakes:*

1. Anticipate, Prepare, Practice (APP). Your words have consequences—make sure they’re right.

2. Don’t appear uncertain. Know what you want to say—and say it. Then say it again!

3. If you don’t know what you’re talking about, stop talking.

4. Focus on informing people, not impressing them. Use everyday language.

5. Never say anything you don’t want to see printed on tomorrow’s front page.

6. Never lie! You won’t get away with it.

7. Don’t make promises or guarantees you can’t keep.

8. Don’t say “No comment!” You’ll look like you are hiding something.

9. Don’t get angry. When you argue with the media, you always lose—and you lose publicly.

10. Don’t speculate, guess, or assume. When you don’t know something, say so.