Collaborative Crisis Communication: A Case Study

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ABSTRACT

As a result of successful resource collaboration, the first ever joint-press release between four Southern Illinois public health departments was published in a preventative measure to control a possible mumps outbreak. Public information officers, nurses and emergency response coordinators worked collaboratively to gather information and distribute it to the public to control misinformation, provide education and inform the public of the Illinois mumps condition. The purpose of the presentation is to educate agencies and organizations on the importance of collaborative communication and joint information sharing in rural emergency planning.

INTRODUCTION

Much research has been devoted to ways in which communication between and among firms (collaborative communication) can be managed to enhance outcomes (Anderson & Narus, 1990; Anderson & Weitz, 1989, 1992; Frazier & Rody, 1991). Bleeke and Ernst (1993) assert that the most important element of successful exchanges between and among firms is communication.

Collaborative communication can be viewed in terms of a specific combination of intensive, relationship-building communication facets, which include, but are not limited to frequency, bi-directionality, formality and content of influence attempts (Mohr & Nevin, 1990). Clearly, this is a complex process, as each collaborator has independent characteristics and others that overlap with other collaborators. Collaborative communication relies on the development of cooperative attitudes and processes to focus and oversee a relationship (Morgan & Hunt, 1994), which creates an atmosphere of mutual support and respect. With the focus on “shared interests and common goals, collaborative communication can create volitional compliance between partners” (Mohr, Fisher & Nevin, 1996, p. 103)

In early April of 2006, a mumps outbreak affected rural Southern Illinois. Due to effective planning and training related to crisis communication, local health departments were able to successfully respond and provide information to local residents, organizations and officials. The response consisted of a joint news release to a fourteen county area across Southern Illinois; the first such news release in the history of the Illinois Region 5B Public Information Officer (PIO) Workgroup.

The Illinois Region 5B PIO Workgroup consists of representatives from Egyptian Public and Mental Health Department (covering Saline, Gallatin and White counties), Franklin-Williamson Bi-County Health Department (covering Franklin and Williamson counties), Perry County Health Department, Jackson County Health Department, and Southern Seven County Health Department (covering Hardin, Pope, Johnson, Pulaski, Alexander, Massac and Union counties). In total, the PIO Workgroup covers the fourteen southernmost counties in Illinois, forming a link between Missouri, Illinois, Kentucky and Indiana. A map of the region by county is provided as Figure 1.

Figure 1: Map of Southern Illinois by County (Maps of World, 2007)
By April 20, the mumps scare had spread across seven states, with over 1,000 cases reported (Lee, 2006) in Illinois, Kansas, Minnesota, Missouri, Nebraska, Oklahoma and Wisconsin (Wilson & Stobbe, 2006). At least 80 of these cases had been reported throughout the state of Illinois, with the majority of cases (800) in Iowa (Wilson & Stobbe, 2006). Although relatively small in scale, the handling of public information during the crisis in Southern Illinois provided a clear linkage in the Midwest’s overall handling of the mumps outbreak and related public information.

IMPLEMENTING A COLLABORATIVE CRISIS RESPONSE

According to the Seeger (2006), panels of experts have developed ten best practices of crisis communication. These include:

- Process approaches and policy development;
- Pre-event planning;
- Partnerships with the public;
- Listen to the public’s concerns and understand the audience;
- Honesty, candor, and openness;
- Collaborate and coordinate with credible sources;
- Meet the needs of the media and remain accessible;
- Communicate with compassion, concern, and empathy;
- Accept uncertainty and ambiguity; and
- Messages of self-efficacy.

In order to clarify each of the best practices, the following paragraphs provide detailed descriptions. Relative to the current case analysis, specific elements of these definitions are essential for successful crisis collaboration for rural organizations, agencies and emergency response personnel.

- **Process approaches and policy development.** Most organizations have policies pertaining to strategic planning and development. However, some decisions are not made until after the risk and crisis has occurred. By having communication strategies incorporated into decision-making processes, higher-quality decisions can be made as it relates to crisis communication. Seeger (2006) also suggests that this type of communication policy development is most effective when it is part of an integrated and on-going process.

- **Pre-event planning.** The U.S. Department of Health and Human Services (2005) offers guides on public health emergencies, to remind us of potential emergencies and crisis response. Seeger (2006) reemphasizes the importance of having a good plan to enhance “overall mindfulness regarding risks” (p. 237). The U.S. Department of Health and Human Services (2002) provides guiding questions for public officials to enhance the quality of crisis messages. An example includes “What are obstacles to effective communications and how can they be minimized?” and “What information is crucial to convey in initial messages in order to prompt appropriate public responses after a crisis situation?” (pgs. 3-4).

- **Partnerships with the public.** Seeger (2006) believes that the public can serve as a resource, rather than become burdensome, especially in risk and crisis management. Having positive relationships with media personnel, as well as emergency response coordinators, can alleviate some of the pressure on rural agencies.

- **Listen to the public’s concerns and understand the audience.** Seeger (2006) makes an important point stating “whether accurate or not, the public’s perception is its reality” (p. 239). Acknowledging the public’s concerns is one of the most strategic ways that emergency personnel can use to demonstrate empathy and understanding of their audience.

- **Honesty, candor, and openness.** The U.S. Department of Health and Human Services (2002) reports that combination of factors including crisis, heightened public emotions, limited access to facts, rumor, gossip, speculation, assumptions and inference equals an unstable information environment. It is essential to provide accurate, clear information that addresses public concerns.

- **Collaborate and coordinate with credible sources.** Developing a pre-event workgroup, such as the Southern Illinois 5B Public Information Workgroup, is one way to provide effective coordination and collaboration among
credible sources. Once the Workgroup was established, the public viewed each component as credible and reliable in the information that was disseminated.

- **Meet the needs of the media and remain accessible.** The media can be an asset to any crisis situation. Television stations, newspapers and radio frequencies can provide access to information spanning a large geographical area. Seeger (2006) reinforces the confirmation that “the media are the primary conduit to the public and, during a crisis, are obligated to report accurately and completely” (p. 240).

- **Communicate with compassion, concern, and empathy.** The U.S. Department of Health and Human Services (2002) suggests easing public concern and giving guidance on how to respond to the crisis. Seeger (2006) acknowledges that these techniques can significantly enhance the credibility of the message and the messenger. Newsome, Scott & Van Slyke Turk (1992) state that “collective perceptions about an organization by its publics, based on what it says and does, constituted its image” (p. 169). To that end, McKnight’s (2006) model dictates that an organization must communicate clearly and decisively in order to maximize public perception and maintain a positive organizational image.

- **Accept uncertainty and ambiguity.** Sometimes scientific situations such as risk and crisis can be uncertain. The U.S. Department of Health and Human Services (2002) remind us that officials many times try to take on additional tasks of explaining limitations and uncertainties to the public, when it is more appropriate to admit the ambiguity of the situation.

- **Messages of self-efficacy.** Public health literature has emphasized the importance of messages that provide specific information that helps audiences to understand what they can do to reduce risk or harm. Seeger (2006) states “message of self-efficacy can help restore some sense of control over an uncertain and threatening situation” (p. 242).

### TIMELINE OF EVENTS

**April 3, 2006**

On Monday, April 3, an Egyptian Public & Mental Health Department (EHD) official contacted PIO Workgroup via email about three possible cases of mumps at a local college (Southeastern Illinois College) over the previous weekend. Specific to the college situation, a Communicable Disease (CD) Nurse worked with college & monitored developments on campus. Due to travel requirements, the PIO representative for Egyptian Public & Mental Health would be out of the office the remainder of the week. A back-up PIO for EHD received all relevant case information, as well as necessary contact information for the primary EHD PIO.

Simultaneously, the Franklin-Williamson Bi-County Health Department (FWBCHD) also received calls for the public about further possible cases – particularly within a local school district. (See Figure 1 for a map of the geographic relationship of each of these counties.) Based upon these developments, FWBCHD made decision to draft a preliminary Mumps News Release.

During this time, the role of the CD Nurse was to collect laboratory samples from suspected cases of mumps and submit them to the Illinois Department of Public Health (IDPH) Regional Immunization Coordinator for analysis. Once collected, these samples were submitted on the afternoon of April 3. Upon receipt of the collected samples, the IDPH Regional Immunization Coordinator verified the need for information to be provided to the public. Information was immediately faxed related to the detection of mumps to area physicians and hospitals.

By the late afternoon of April 3, a representative from FWBCHD called two of remaining four Region 5B local health departments about developed news release. Representatives from the other two local health departments had responded previously with affirmative declarations regarding the press release.

**April 4, 2006**

On April 4, 2006, the PIO personnel representing FWBCHD called all four Region 5B local health departments. Although calls were placed to all local health departments that constituted the PIO Workgroup, only one Public Information Officer was immediately available. The FWBCHD representative left messages for all remaining PIO Workgroup members.
Meanwhile, FWBCHD continued to receive calls from and related to the local public and school district. Based on a lack of general information for the public, FWBCHD personnel developed & faxed Mumps Fact Sheet to involved school district. The fact sheet would later be a formal element of the formal information packet submitted to public and media outlets.

By noon, all members of the PIO Workgroup had responded to initial communications from FWBCHD. Approval to move forward with the joint press release was granted by four of the five PIO representatives. One approval was still pending and outstanding at this time. More specifically, the point of contact that represented a county with a university population of approximately 20,000 students was hesitant to release information in hopes of avoiding unnecessary panic.

By 3:30 p.m., FWBCHD faxed/e-mailed the Joint Mumps News Release to various media outlets, with four of the five local health departments having approved (approval was not granted by the final local health department representative). Because of the news release, immediate interviews were granted with area newspapers, with other media outlets scheduled for the following day.

April 5, 2006

On April 5, laboratory results identified confirmed and probable cases in three of five Region 5B LHD jurisdictions. The regional newspaper, the Southern Illinoisan, issued an article – based upon initial press releases, as well as supplemental data, such as laboratory test results. Because of the wide ranging scope of the story, various public health department and other officials continued conducting interviews with local media outlets, including television, newspaper and radio. Additionally, the process was simplified for local officials because of the joint press release, as the information released was consistent with other officials and organizations.

CONCLUSIONS

From an overall perspective, the Southern Illinois Region 5B PIO Workgroup chose to take a proactive approach rather than a reactive one. This was a result of the early formation and diligence in training by the group, and proved essential to collaborative communication in times of crisis. The Workgroup discovered that the crisis situation at hand developed into the cohesiveness of positive relationships between multi-county local health departments; thus forming positive relationships throughout the region. In today’s society of bioterrorism and constant national risk, the mumps case provided joint-information experience in the event that a major national disaster should strike Southern Illinois. The group was ultimately successful in its goal of disseminating accurate and critical information in a timely fashion, which addressed concerns and alleviated anxieties.

Lessons Learned

The events represented in this case study were the first opportunity for the Illinois Region 5B Public Information Officer (PIO) Workgroup to collaborate. The PIO Workgroup was conceptually developed in 2004, in order to consider the role of the PIO as it relates to incident command. As such, the Southern Illinois mumps information case provided some valuable lessons – both for the immediate stakeholders in the case, as well as for public information officers in general. More specifically, lessons learned through this analysis include:

- Perceived credibility increases because of message unification and consistency across various sources, media and channels. In the present case, points of contact for the local health departments were able to more clearly, more consistently provide information to the public and in a timelier manner because the information was consistent with information releases from fellow local health department personnel. This increased credibility by ensuring that various publics, stakeholders and affected parties received consistent messages throughout the regional communication campaign.
- Advanced planning and preparation is essential to overcome variations in protocol between and among independent organizations and agencies. Standards of acceptable operating policies and procedures were found to be inconsistent among organizations and agencies in the beginning. Through emergency response planning, organizations and agencies learned the incident command structure, which educates emergency responders and health department
personnel on collaborative communication procedures. Due to variations in protocol and incident command structures, message content, channels or audiences may need to be adapted to fit a specific organization’s or agency’s objectives or goals.

- Various organizations must address concerns of independent public interests. Because of diversity of stakeholders, goals and purposes of organizations will vary, leading to potential conflict. In the present case, one of the five PIO Workgroup officials, representing a local health department that differed in demographic makeup, was forced to consider that population differently than other demographic groups, even though they were in the same region with other PIO Workgroup representative’s constituencies. While the conflict was minor, it did delay the decision making process for the press release, and could easily have escalated into a situation that would have delayed the timeliness and effectiveness of the message that was delivered to the regional media outlets.

- In crisis situations, members of the public seek all types of authority figures for accurate information. If those sources are not consistent with messages, chaos can result. One of the intricate elements of the present case that added complexity to the situation was, because of the nature of the emergency (mumps within public school districts and college systems), there were various authority figures available to send messages to various stakeholder and public groups. School and college officials, public health departments and agencies, personal and family physicians, clinics as well as media outlets were some of the information sources for public questions or concerns. Thus, if any of these information sources were to have issued information that was inconsistent or otherwise invalid or unreliable, then all of these sources would have lost the perception of credibility with specific publics.

RECOMMENDATIONS FOR PRACTICE

Because of the applied nature of the present analysis, recommendations are geared toward practice and not theory nor future research. For purposes of clarity, the recommendations for the current case reflect a one-to-one relationship with lessons learned (see previous section).

- One of the strengths apparent in the current analysis was that the PIO Workgroup personnel were well connected to one another and able to move swiftly to address public concerns, but still covered a large enough geographic region to remain relevant. But because one health department within Southern Illinois (Southern Seven) was not represented on the PIO Workgroup, their public’s concerns were not a part of the decision making process. It is recommended that all stakeholders have representation in such groups, to insure that message content is valid and reliable for all potential audiences within the appropriate geographic boundaries.

- The incident command structure provides guidance for a leader of the collaborative effort and subsequent subordinate roles within the collaboration. When utilizing the incident command structure, there are specific roles to which personnel adhere by, and when utilized in a uniform manner across local health departments, roles of similarity are found, which has been shown to propose consistency. Organizations and agencies would benefit from implementing the Federal Emergency Management Agency’s (2007) incident command structure and training opportunities. The National Incident Management System offers structural guidelines into roles for Incident Commander, as well as clarification of the Public Information Officer’s goals and objectives.

- Each independent local health department exercises actions that help it to meet its mission and objectives relevant to the respective publics. However, because of the varying degree of similarity between and among the local health departments’ missions and objectives, it is recommended that the PIO Workgroup draft a working mission and subsequent objective statements (based on principles that are representative from across all PIO Workgroup members’ local health departments) that help guide normative behavior in crisis situations, as well as guiding principles in these situations. Such a document would provide a framework for meeting all stakeholder missions, goals and objectives in times of crisis.

- When members of the public seek information from a variety of authority figures, those figures need to have the tools and information necessary to meet those information needs. Training is provided in a multitude of arenas; one such is provided by the Illinois Emergency Management Agency (2007). Relevant trainings include, but are not limited to Public Information Officer workshops; Emergency Planning; Emergency Operations Centers; and Incident Command
Structure for Law Enforcement. When there is a collaborative effort between law enforcement, city officials, educational systems, hospitals, and other stakeholder groups, a unified and consistent message concerning the public’s safety can be delivered to the audience.

REFERENCES


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