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RISK MANAGEMENT SERIES

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Managing Risks Related to the Media and Communication Crises

Recent federal legislation has provided significant increases in funding for Federally Qualified Health Centers (hereafter called health centers). These federal dollars are much needed by health centers to care for both the growing number of uninsured people walking through health center doors as well as individuals with public and/or private insurance seeking comprehensive health care. This investment is projected to enable health centers to double the number of people served by 2015, reaching 40 million patients. These are high expectations and many eyes will be focused on health centers – giving centers a platform to highlight the quality and accessible primary and preventive care provided to medically underserved people. Yet this visibility also exposes health centers to scrutiny by individuals and groups who closely monitor spending of federal dollars or those who challenge the value of the unique health center model. A public report, newspaper article, or other media outlet can easily present misinformation or a biased analysis resulting in a communication crisis for the health center staff, board, and community.

Now is the time for health centers to identify potential media landmines, take steps to limit and even prevent a damaging communication crisis, and develop relationships to proactively provide positive messages about the center to the media and others.

This information bulletin:

- ◆ Explores media-related risks associated with increased visibility, expectations, and oversight related to increased federal funding for health centers;
- ◆ Presents action steps to identify vulnerabilities related to media coverage;
- ◆ Recommends steps to create and maintain a communications plan and up-to-date media protocols that build a positive health center image.

THE EMERGING HEALTH CARE LANDSCAPE

The U.S. health care system is braced for historic changes with the enactment of health reform legislation. As a primary component of health reform, health centers play a critical role in the transformation that is taking place. The merits of such reform and how it pays for itself are hotly debated topics. Few Americans understand how health reform will impact them or their families. Nearly 70 percent of Americans consistently said the health care debate was difficult to understand largely because of the way the media covered the issue, according to surveys from the Pew Research Center for the People & Press.¹ Confusion continues to be fueled by sharply divided constituencies of health reform, particularly in an election year.

Increasing Visibility of Health Centers

Health centers are not immune from getting caught in the crossfire. As a recipient of government funding under the 2009 American Recovery and Reinvestment Act (ARRA), an economic stimulus measure intended to stimulate the national economy, and as a critical component of the Obama Administration's health care plan, health centers are in the public spotlight now more than ever. Leading up to reform, health centers established a "brand" identity as a program that

enjoys bipartisan support for its efficiency, cost savings to taxpayers, and record of success in delivering quality health care. President Barack Obama has put his stamp of confidence on their mission and accomplishments in noting, "Over the years, community health centers have proven their ability and capacity to expand access to health care, lower costs and improve quality of care. These centers' patients often experience better outcomes, and health disparities are commonly reduced." With a bounty of federal dollars from ARRA and the new health reform law dedicated to expanding the program, the urgency to deliver results and accountability is immediate.

The Economic Stimulus Investment and Public Perceptions

The ARRA investment in health centers was widely billed by the Obama Administration as a "down payment on health reform." Health centers received \$2 billion in funding to expand care and create jobs at a time when the U.S. economy was stalling and the ranks of unemployed and uninsured people were growing. Health centers committed to reach nearly 2.9 million new patients during the ARRA two-year funding

window. By the end of March 2010, health centers served an additional 2.1 million patients – 73 percent of their two-year target in just one year.²

Despite these results, more than one year later public skepticism about the value of the \$787 billion economic stimulus bill is high, particularly as the unemployment rate hovers at nearly 10 percent and concerns about massive federal spending have mounted. A CBS News survey in July 2010 showed that 56 percent of respondents said the stimulus bill had no impact, while 18 percent said it actually made the economy worse. Only 23 percent said the stimulus made the economy better.³ Likely such public attitudes have a stigmatizing impact on beneficiaries of the economic stimulus, especially as public reports about misspent funds and reporting errors circulate in the media.

A Government Accountability Office (GAO) report⁴ to Congress revealed that in the first round of ARRA reports, significant anomalies occurred. The Administration has refined the reporting process to avoid further reporting errors and to enhance transparency and accountability by setting up www.recovery.gov, a website that reports how ARRA dollars are being spent.

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- 1 Pew Research Center Publications, "How the Press Covered Health Care Reform," June 21, 2010.
 - 2 The National Association of Community Health Centers, Fact Sheet, June 2010
 - 3 CBS News Poll analysis, July 2010
 - 4 "Recovery Act: Recipient Reported Jobs Data Provide Some Insight into Use of Recovery Act Funding, but Data Quality and Reporting Issues Need Attention," Government Accountability Office report GAO-10-223, November 2009, <http://www.gao.gov/new.items/d10223.pdf>

Currently all ARRA spending can be tracked by the public on the website – and that includes health center recipients. Also joining in the effort to track stimulus spending are a host of watchdog groups that have launched websites, such as, www.fedspending.org or www.propublica.org, and various blogs that monitor and report “pork barrel spending” in the economic stimulus bill. There are also ideological groups, such as www.mywastedtaxdollars.org, watching stimulus spending and reporting the spending to their constituencies.

For individual health centers, the numbers may not tell the whole story. And, indeed, lack of understanding about how the ARRA funds were distributed to health centers may contribute to further confusion in the media. Few reporters may understand, for instance, that ARRA funds were allotted to health centers in a series of grants with specific project restrictions. Not all grants, for instance Health Information Technology (HIT) implementation, created or saved jobs.

In an excellent White Paper issued by Community Health Centers of Arkansas, Inc.⁵, the authors note that few people understand the complex formula in reporting jobs. It goes on to explain, “ARRA Stimulus Funds may have enabled an organization to hire three new

employees. However, the three employees may have only worked 520 hours within one quarter. The three jobs created are actually reported as 1.0 ‘Jobs Created’ on www.recovery.gov because the formula is the total number of hours worked by all employees divided by the total number of hours within one quarter. Immediately, ambiguity exists in that the supposed ‘transparency’ reveals that only one job was created when in fact three position opportunities were provided.”

A TIME OF GREAT EXPECTATIONS AND EVEN GREATER NEED

As part of the landscape described above, health centers are positioned with an expectation to double their patient load from 20 million to 40 million in five years – taking on a more rapid growth curve than they have ever experienced before, and without losing their financial or organizational stability. To achieve this goal, health centers must not only expand their facilities but staff them appropriately at a time when they face unprecedented demand for their services. Most health centers still need at least one new delivery site to adequately respond to the health care needs in their communities. In March 2008, nearly all surveyed health centers⁶ reported that they must rebuild or renovate their facilities

either to continue or expand care in the next five years. Despite the significant investment of ARRA, health centers will need at least an estimated \$15 billion to invest in capital and facilities improvements in order to grow and meet demand.

Addressing Vulnerabilities Related to Public Trust

These capacity challenges can pose messaging difficulties for health centers dealing with the media and public, particularly if health centers have not engaged the media on a proactive and regular basis. It is important that health centers do not wait for a crisis to strike before establishing a friendly relationship with state and local media. Media relations means ensuring that press understand the health center mission and accomplishments through regular communications, which can include press conferences, tours, press releases, and even a dynamic website that provides updates to the press on a variety of issues facing health centers. In addition to creating a proactive media relations plan, individual health centers should conduct their own risk audit to assess their own vulnerabilities.

5 Understanding Recovery.gov, Common Misconceptions, Community Health Centers of Arkansas, Inc., May 2010

6 Access Capital: New Opportunities for Meeting America’s Primary Care Infrastructure Needs , NACHC, March 2008

Action Steps – What can a health center do?

- Assess operations and how they may be perceived to a visitor or member of the media.
 - Are patients waiting longer than they should to see a provider?
 - Is staff in the reception area able to handle the volume of calls or patients seen every day?
 - Remembering that most corporate crises are preventable and usually start internally (rather than from outside sources), is the organizational culture of the health center vigilant to potential problems and demonstrating a willingness to solve them?
- Demonstrate that the health center is a responsible steward of the public's trust and federal investments.
 - Do the health center's current mission and values reflect organizational compliance and strict governance of federal tax dollars, particularly now as beneficiaries of ARRA dollars?
 - Do operations include internal systems to promote adherence to grants management requirements and to support overall fiscal management?

Communicating Transparency and Accountability

With expectations for transparency and accountability, federal agencies are now reviewing reports and audits with higher levels of scrutiny.

Health Resources and Services Administration (HRSA)

In January 2010, HRSA issued a new grantee site visit guide that focuses on compliance with grant requirements and performance and operational improvement (including an addendum for ARRA requirements). HRSA's goal is to visit each health center at least once during its project period in order to assess its compliance and to provide suggestions on improvement.

Unlike the government-wide ARRA reports, which are posted on-line 30 days after submission, the reports developed from these HRSA site visits will not be posted for public viewing. Nevertheless, HRSA has indicated that it intends to utilize these tools to more carefully and comprehensively examine health centers' compliance with all grant-related requirements (financial and otherwise) and to use the information gained aggressively in order to ensure that health centers "shape up." While the reports are not available for public viewing, any negative consequences from adverse findings, such as additional investigations/audits and mandatory corrective action plans, could become known within the

community and trigger potential adverse media fallout.

Office of the Inspector General (OIG)

HRSA is not the only federal regulatory agency scrutinizing health centers' accountability. In Fall 2009, the OIG issued its annual work plan for Fiscal Year (FY) 2010. According to the work plan, the OIG intends to conduct several health center-related reviews specific to funding under ARRA including:

Recipient Capability Audits

– assessment of the capacity and capability of high-risk grantees (in particular, New Start organizations) to manage and account for the federal funds and to comply with federal grant requirements, and whether the grantees have appropriate internal systems to operate the health center in accordance with Section 330-related regulations and requirements (i.e., adequate reporting systems).

Health Information Technology (HIT) Grants

– assessment of the extent to which HIT grant recipients have implemented EHR and other HIT initiatives for which they received funding, as well as HRSA's efforts to promote and oversee grantees' implementation of EHR.

– review of health centers' HIT security controls related to the systems funded by the HRSA HIT grants to ensure adequate security controls are in place to protect sensitive EHR and personal information.

Recipient Compliance with Recovery Act Reporting Requirements

– review of HRSA’s monitoring of grant recipients’ compliance with reporting requirements specified in ARRA and Office of Management and Budget (OMB) guidance and the accuracy and completeness of reports.

As of June 15, 2010, the results of several of the Recipient Capability Audits have been issued and, unlike the HRSA reports, are publicly available on the OIG’s website. In general, the audits concluded that:

- ◆ The health centers reviewed are financially viable. They have the capacity and capability to manage and account for federal funds and to operate in accordance with federal requirements.
- ◆ Each organization lacked certain systems and policies related to effective financial and operational oversight and accountability (i.e., procurement policies, policies to account for federal property, policies to safeguard assets, whistleblower policies, policies governing the use of consultants, grant reporting policies, use of insured bank accounts and other accounting procedures and segregation of duties).

The OIG recommended to HRSA that it consider these operational findings when monitoring ARRA funds and assessing each health center’s capability as a grantee.

Government Accountability Office (GAO)

An example from the Head Start program demonstrates the heightened climate for sleuthing out suspected fraud or abuse among federal grantees. Recently, GAO released Congressional testimony titled “Undercover Testing Finds Fraud and Abuse in Selected Head Start Centers,” highlighting an undercover investigation of federal Head Start grantees’ alleged fraudulent eligibility practices nationwide. The GAO’s investigation resulted from two whistleblower calls to its fraud hotline. After investigating the two cases, the GAO decided to expand its scope to “test” whether similar problems were occurring at other grantee sites. The GAO reviewed the waitlists of 550 grantees, and handpicked 13 sites across the country to visit undercover, with agents posing as families trying to enroll in Head Start using fake eligibility documents. As a result of these investigations, the GAO has alleged that practices in eight locations were fraudulent. All cases were referred to the OIG for immediate followup and the results have garnered significant play in the media.

Though no such undercover investigations have been conducted among health center grantees,

all health centers should be aware that even the perception of mismanagement or improper use of federal dollars can lead to negative media portrayals and harm the health center “brand.”

Fraud and Abuse Enforcement

In addition to increased scrutiny, health centers also face enhanced fraud and abuse enforcement efforts, including:

- ◆ Higher and additional civil monetary penalties for various activities related to violations of the False Claims Act (FCA).
- ◆ Expansion of FCA exposure to include identified overpayments from the Medicaid and Medicare programs that are not reported and refunded to the federal government on a timely basis.
- ◆ Changes to the anti-kickback statute to make it easier for the government to prove a violation. The previous standard required “specific intent” – the government had to demonstrate that the individual knew of the statute’s proscriptions and intended to violate those proscriptions. The revision incorporates an easier standard of proof – the government must demonstrate that the individual intended to engage in an unlawful act, even if he or she did not know about the specific anti-kickback requirements.

- ◆ Expansion of the activities by Recovery Audit Contractors (RAC), previously limited to Medicare, to include the Medicaid program.
 - ◆ Potential suspension of Medicare or Medicaid payments to a provider or supplier pending an investigation of a credible allegation of fraud lodged against the provider or supplier (after consultation with the OIG).
 - ◆ Increased funding for fraud and abuse enforcement activities by an additional \$250 million during the next six years, including \$95 million for FY 2011.
- Even without a progress report, preempt tough questions by providing the public with a clear and simple narrative that educates them about potential problem areas, such as an ARRA-funded Capital Improvement Program (CIP) project that has been stalled by environmental permits, or new staff positions that remain vacant due to recruitment problems. As noted earlier, most members of the public and media do not understand how ARRA grants were awarded, nor do they know that funds were designated for specific purposes and projects, which may have public benefits that are difficult to measure in terms of impact.

Health centers that become the target of these enforcement activities should expect media attention and should plan accordingly in advance of any issues or concerns arising.

Action Steps – What can a health center do?

- Regularly monitor how ARRA reports are posted on various websites in case a response or correction is warranted. Also work with state/regional primary care associations on a regular basis in monitoring and responding.
- Provide progress reports on ARRA spending to the press and public via social media and/or through a website to minimize the opportunity for misunderstanding.

THE MEDIA ENVIRONMENT AND RISKS OF A COMMUNICATION CRISIS

No matter how much planning and monitoring a health center does, today's media players – a multitude of investigative journalists, bloggers, citizen activists, and public watchdog groups – are on the lookout for a good story that brings attention to their publication or cause.

Media Trends

In this new age where the lines between news and opinion are blurred, it is important to remember:

- ◆ A political attack does not have to be right in order to be effective.
- ◆ The brand of journalism constrained strictly to reporting is receding, but the commentary and discussion aspect of media, which adds analysis, passion and agenda shaping, is growing, according to the Pew Project for Excellence in Journalism.⁷
- ◆ Information providers with self-interests are increasingly taking over the internet and social media and slanting their content with their own bias, which may or may not be based on facts. As a result, 72% of Americans now feel most news sources are biased in their coverage.
- ◆ 70% of Americans feel overwhelmed by the information they are getting.
- ◆ Not only is content changing but the content providers are changing. A growing trend is the outsourcing of investigative journalism to nonprofits or organizations with a specific area of concern, such as www.propublica.org, the Center for Public Integrity, and www.factcheck.org.

⁷ The State of the News Media, Major Trends, 2010,

These media trends – the proliferation of bloggers and opinion-makers shaping the news and nonprofits operating as newsrooms – should be taken into consideration when a health center is shaping a communications plan. Even more complex in this new media environment is that some journalistic players present their information as “news” to suit their overall political agenda or purposes. The challenge for health centers in this new age of communication – where all too often unverified, even biased or incorrect content, is instantly distributed to a multitude of audiences – is to be a trusted provider of information to the public. Health centers must maintain a public “brand” of credibility and accountability.

The point is not to wait until a crisis strikes, or an allegation is raised, to communicate or respond. Social media, such as Twitter, Facebook and blogs, are increasingly being used by organizations and corporations to communicate to different audience platforms. Health centers are encouraged to use social networking tools, which are not only free, but also effective in building a base of online supporters.

Facing a Media Crisis

Each crisis is unique and those at the heart of a controversy may feel very alone and surprised by the issue at hand. But history often repeats itself and there are areas of health center operations that have

increased potential for controversy and media interest.

Allegations of financial mismanagement are always ripe for coverage, even if they are unproven allegations. The simple appearance of wrongdoing can be a target. One glaring example of how health centers are vulnerable can be found in Oklahoma, where an out-of-state blogger ran a story alleging a health center had used stimulus funds to purchase a cotton candy machine. The cotton candy machine was purchased with private funds for an outreach event the center hosted to spread the word about its services. Nevertheless, the story can still be found on the internet, without an accompanying correction.

Another case demonstrates how local media angles strive for a national context in news reporting, which can negatively impact all health centers. In Indiana, for example, a local reporter’s article about a health center’s bankruptcy filing and significant debts raised questions about the health centers’ financial health overall in terms of readiness for expansion under health reform. Such controversy can trigger increased scrutiny, which can take many forms (i.e., reports, surveys, site visits, audits, media stories, anecdotal evidence) and can come from the public sector (i.e., various federal and state legislative bodies and regulatory agencies) as well as from the private sector (i.e., the press).

Without a proactive response to a crisis based on a well-planned media strategy, a health center

could find itself dealing with a scenario that starts with a media inquiry focused on a compelling negative image or allegation.⁸ Faced with an initial crisis event the health center leadership must act quickly and decisively. The media will frame the crisis – sometimes called “trial by compelling image” – while the health center leadership is busy trying to emphasize positive aspects of the health center’s operations. Often organizations in crisis try to get reporters to focus on objective statistics while the media focuses on subjective issues and or a larger context to get more “play” on a story. When an airplane crashes on the runway, the media coverage will shift to the larger issue of air safety. When a health center fails, the viability of the health center program overall is at stake.

Action Steps – What can a health center do?

- Communicate success stories and provide updates to the public proactively (as opposed to simply reacting to bad publicity) goes a long way towards cultivating a positive image and building goodwill within the community, both of which can be vital to the health center in managing its public brand.
- Use the center’s website to communicate to the general public about the health center model of care.
- Use Facebook and other social media to get out a message quickly and in developing an online community of supporters or “fans.”

8 This discussion summarizes Malvese Scott, NACHC Vice President, Division of Programs and Planning, “There’s a Reporter at the Front Desk,” Power Point Presentation, Community Health Institute September 2005.

Risk Proofing Your Health Center

There is one aspect common to most crises – in hindsight they were predictable. Unfortunately, most health centers can count on having to deal with some crisis eventually. Knowing that most crises are predictable can help a health center professional look for early warning signs, although early reports and patterns are often ignored. Generally, crisis events are not isolated and once the media is involved they will try to identify the pattern, such as financial mismanagement or a quality of care issue, that may have existed undetected or unaddressed over a long period of time.

Action Steps – What can a health center do?

- Health centers can prepare for a crisis better by conducting an internal risk audit to identify areas of vulnerability. It is always advisable to ask the tough questions before someone else does. For example:
 - Did the health center increase patient encounter fees despite getting a substantial ARRA grant?
 - Has the health center board approved budgetary items that might appear frivolous or unnecessary to outsiders, such as increases in the salaries of staff and management? Also how does the executive compensation at the health center compare with other providers in the same area?

- Has the health center established appropriate internal control policies for safeguarding assets and managing procurements and property that involve the use of federal funds, use of consultants, whistleblowers, document retention and destruction, etc.? It is important that health centers know the answers to these and other questions related to the use of and results from ARRA grants and other federal funds before the questions arise in the public eye.

- Another way to monitor your health center and keep track of what is going on internally is through the development and implementation of a corporate compliance program. As part of a corporate compliance program, health centers monitor and audit internal controls and operations, identify areas of non-compliance, correct and/or self-regulate to prevent recurrence, and, as necessary, self-report such instances to the federal government.

An effective compliance program, which can help demonstrate responsible stewardship of federal funds and a commitment to follow legal requirements, will not only help protect the health center, but will also be required with health reform. The new law makes the establishment of a compliance program a condition of enrollment under

the Medicare, Medicaid, and Children's Health Insurance Programs.

DEVELOPING A CRISIS COMMUNICATION PLAN

Recognize that the likelihood of a media crisis is a real possibility facing health centers. There is an old saying that “when you don't know where you are going, any road will get you there.”⁹ An effective crisis communication plan ensures the health center knows where it is going, and it does not need to be complicated. It should be integrated and systemic, pulling together key health center leaders and resources to effectively create a decision-making body or response team (not a bureaucracy) that can act quickly in the 24-hour news cycle.

Action Steps – What can a health center do?

- Health center leaders must be prepared to act and make quick decisions in a crisis – before there is a public reaction. How an organization responds can be a defining moment, meaning people and the public will judge an organization based on how it responds to a crisis. Consider how BP responded to the massive oil spill in the Gulf of Mexico and the

9 Lewis Carroll, *Alice's Adventures in Wonderland*.

impact on its public image. Did the company accept full responsibility for the disaster and acknowledge mistakes that led to it? Did it set up false expectations of how it would handle the spill and fail to meet them? Did it blame others for missteps that led to the disaster? Most crisis communications experts would agree that the BP's initial crisis response was flawed, and consequently the company now must work even harder to restore its image.

- Even if there is no crisis, establish a communication plan that answers a fundamental question: *why are we communicating?* Communicating without a plan is like running through a forest without a compass. You must have a direction and destination. To start, determine the center's organizational goals, such as advocacy, workforce development, or fundraising. A good health center communications plan must be narrowly focused on key target audiences that can help it achieve strategic goals. For health centers, a proactive communications strategy to

explain the value of expanding Community Health Centers and primary care to the community is a sure bet. To view template messaging tools NACHC created specifically for health centers, as well as a media toolkit with guidelines on media relations, see www.nachc.com/media-toolkit-land.cfm.

- Include a media protocol in the communications plan that sets clear guidelines on how an organization engages with the media and the public. It should clarify who has the authority to speak to the media on the record and who is charged with coordinating contact with the media or fielding inquiries. A protocol should also make clear to staff that unauthorized comments to the media, or even social media, regarding the health center operations are a violation of the health center's personnel policy. Many of the unflattering stories about health centers that have appeared in print originated with a disgruntled employee or board member who found a sympathetic ear in a local reporter.

Confidentiality Policies – What Information can be Shared?

Action Steps – What can a health center do?

- Establish policies on information sharing that are consistent with the health center's internal confidentiality policies and include legal requirements, including consulting with counsel. As a tax exempt business, health centers should know, in general and specifically, information they are legally required to disclose, what they can withhold, and what is within their discretion to define as confidential.

For example, if circumstances include a reporter wishing to view particular health center forms, the following legal requirements apply:

- A health center's annual tax return (Form 990) and the tax exemption application can be publicly obtained and must be disclosed when requested.
- Personnel salaries typically are not available except for those salaries reported in the Form 990.

For health centers, a proactive communications strategy to explain the value of expanding Community Health Centers and primary care to the community is a sure bet.

- The health center’s annual A-133 audit and grant application may be available only through release by a federal agency under the federal Freedom of Information Act (FOIA) and generally will not be posted for all to review.
 - Health centers are not obligated to (nor should they) disclose their programmatic reports, such as their Uniform Data System (UDS) and ARRA reports.
 - Other examples of confidential information that may be requested by outside parties include: patient-specific information, personnel records, payroll information, risk management records, privileged information, business records, and information related to litigation preparation. Health centers should consult with counsel to determine which of these types of information should, should not, or may be shared with media.
- Once a policy is in place, 1) disseminate it to all health center staff, agents, volunteers, and board members; and 2) apply the policy uniformly and consistently. Health centers have a certain degree of latitude in defining what information they want to consider confidential.

Considerations about Information to Share

Action Steps – What can a health center do?

- Establish information disclosure policies that consider how information may be interpreted. Disclosure policies should address sharing information that may not be confidential but could easily be misinterpreted or exploited by outside parties. Certain reports and information – such as preliminary project assessments or even a projected budget – may be subject to “subjective” interpretation. In one case, a health center sent out a press release to local media about its projected budget spending. The press release caught the interest of a local journalism student who contacted the executive director of the health center about recent budget decisions that included staff layoffs and her recent salary increase. A feature article was published in the local paper with the health center director defending her financial decisions on staff layoffs and her salary increase.
- Consider the implications of “premature” disclosure of new projects and programs that are still in the planning and development stages and not yet ready “for prime time.” Disclosure of preliminary plans (or allowing inadvertent

“leaks”) could adversely impact the health center’s reputation in the community if the plans do not come to fruition, as well as the health center’s relationships with other community partners.

Violating Patient Privacy

To minimize potential risks and liabilities associated with the inappropriate disclosure of confidential information, the health center’s communication policy must address what to do if the disclosure involves any breach of patient privacy. If the disclosure did breach patient privacy:

- ◆ Was disclosure made in accordance with the health center’s patient confidentiality policy and, if necessary,
- ◆ Were proper releases obtained, even if the patient volunteers information? For instance, if your health center routinely collects patient stories for public relations purposes, or directs a reporter to interview a patient, are policies in place to protect the patient as well as your health center?

Policies Related to Electronic Media

A media protocol should set parameters for the electronic media which includes television, radio and still photographers.

Action Steps – What can a health center do?

- Establish boundaries and controls in a media protocol. For instance, consider if you will allow video cameras or newspaper photographers to shoot interior and exterior pictures of your health center. Should television cameras be able to shoot footage of your reception area where patients are waiting? Many health centers protect their patients' privacy by either forbidding such shots, or by asking patients' permission first and having them sign a legal release. The same rules apply for examination rooms, where photographers and videographers are looking for pictures of doctors interacting with patients.
- Communicate boundaries to the press (preferably in writing) before you engage with them. Consider having a one-page "do's and don'ts" with the press for shooting video footage and interacting with patients and staff at the health center. Such a one-pager might 1) educate members of the press about acting with courtesy while inside your health center, 2) caution against questioning

patients or staff without their consent, 3) direct the press to refrain from approaching a minor without parental consent, or 4) ban any audio and visual recordings of people without their consent; such as using a hidden camera. Local laws may apply in these cases.

- Consider having a professional photographer take "stock" photos featuring willing patients who have already signed legal releases. These photos can be used in press kits or posted on the center's website. While most mainstream media prefer to use their own photographers, some local newspapers with small budgets might be willing to use a stock photo.
- Choose a "point person" to coordinate media at the health center, even in times where there is no crisis. This person will be responsible for answering media inquiries and developing press materials, such as letters to the editor and press releases. Good staff candidates tend to be community outreach organizers and grant writers who can access useful data for fact sheets. This person should also have some authority to make instant decisions in a fast-moving 24-hour news cycle. Cut any decision making bureaucracy that will slow down your response strategy to the media.

CONCLUSION

A crisis communication plan is an important planning tool for any organization or business. Yet, only 67 percent of companies¹⁰ are prepared for a crisis and cite a lack of senior management support as a reason for not being prepared. It is important for senior management to not only sign the crisis communications plan, but also to understand the current media climate in which a delayed or flawed response can create long-term consequences.

A health center does not need a binder of rules and regulations that are hard to comprehend, but a script or framework that can easily be customized and executed for specific situations. Also, it is important that health centers proactively develop relationships with members of the media before a crisis develops. Having established relationships makes it easier for an organization to build a reservoir of trust and credibility with the public and, at the same time, stay ahead of the rapidly shifting ways the media reports and distributes information to the public.

¹⁰ Press Release, International Association of Business Communicators 23 February 2006



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