



Health literacy and crisis: Public relations in the 2010 egg recall



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ABSTRACT

This study examines instructional messages and constraints of health literacy in communicating messages of self-protection in a crisis. Specifically, the identifiable public relations strategies of the FDA, CDC, and other prominent spokespersons were assessed and a content analysis of television coverage during the first week of the 2010 Salmonella egg recall was performed to determine the ability of the accountable agencies and organizations to communicate messages of self-protection through the media. This study contends that practitioners must take health literacy into consideration when developing messages that must first pass through media gatekeepers. Implications are provided for improving media relations in a crisis that increases health risks and expanding the scope of crisis communication research.

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1. Introduction

Crises present organizations and agencies with unique communication challenges. However, crises that also present health risks, in particular, create communication exigencies that require additional consideration (Seeger & Reynolds, 2008). The primary concern of a health-related crisis response is to provide information that can prevent illness, injury, and death (Reynolds, 2002). Therefore, the first step for public relations practitioners should be to develop and disseminate messages that will be most effective in eliciting appropriate protective action for the health and safety of affected publics. Practitioners who seek first to explain the background of a crisis or shift the blame for the crisis ignore their primary responsibility in a crisis that increases health risks—to protect the public's wellbeing.

The media plays an essential role in disseminating necessary information during a crisis. Indeed, media is considered the “most important information path” during a crisis event (Larsson, 2010, p. 716). Television, specifically, is the most common media used in times of risk and crisis in the United States (U.S.) due to its delivery of immediate information with visual aids (Heath & O’Hair, 2009). According to the Pew Research Center (2012), television remains the most popular news platform, with 55% of Americans getting their news from television and 38% getting news from a blend of offline and online news sources. While as early as 2003, 67% of organizations used their websites to communicate during a crisis (Perry, Taylor, & Doerfel, 2003), due to the growth of online usage, “corporate approaches to crisis communications have to change radically” (Gonzalez-Herrero & Smith, 2008). Public relations practitioners today must carefully design messages effective in

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eliciting appropriate action and work closely with traditional and online media to deliver those messages in crisis situations, especially crises that suddenly increase health risks.

This study examines a specific type of health crisis, a foodborne illness outbreak. The Salmonella egg recall of 2010 is unique and worthy of focus for a variety of reasons. First, the size and scope of the recall was extraordinary. By the time authorities felt confident in ending the recall, 550 million eggs had been recalled from 14 states (MSNBC, 2010; FDA, 2010a, 2010b), and the CDC reported 1939 cases of Salmonella poisoning were linked to the outbreak (CDC, 2010). Additionally, research on this specific case has already yielded interesting findings regarding awareness, risk perception, knowledge and self-efficacy during the recall. A study by Hallman and Cuite (2010) found that awareness of the recall did not translate into risk perception. Only 50% of individuals surveyed admitted that they had checked their homes for recalled eggs and 77% claimed the recall had not affected the way they purchased, prepared or consumed eggs. In another study, Frisby, Veil and Sellnow (2014) conducted an experiment that measured beliefs about food safety knowledge and self-efficacy regarding how to protect oneself in a foodborne outbreak using actual news clips from the egg recall as the treatment. They found that viewing the standard news coverage during the recall (coded as including information about the size and location of the recall) significantly decreased both knowledge and self-efficacy. In other words, respondents felt they knew more about food safety and were more confident in their ability to protect themselves before watching news coverage of the egg recall (Frisby et al., 2014). The current study takes a different look at Salmonella egg recall of 2010 compared to previous research addressing the outcomes of the messages, to examine the content of the messages that lead to those outcomes.

2. Literature review

Scholars suggest three message categories for crisis response: instructing information, adjusting information and reputation management (Sturges, 1994). Instructing information should focus on telling publics what they should do in order to physically protect themselves during the crisis. This information should be followed by adjusting information which should address the psychological stress resulting from uncertainty and concerns about potential harm caused during the crisis. Finally, the organization should employ these practices in order to secure the organization's reputation from the vantage point of stakeholders (Coombs, 2012). Sellnow and Sellnow (2010) further the instructional element claiming that communicators must go beyond simple dialogue to embrace the "instructional dynamic of risk communication" (p. 113). These messages should seek to explain the risks to stakeholders as well as provide information about what the public can do to protect themselves.

Health literacy has been defined as the "degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions" (Kutner, Greenberg, Jin, & Paulsen, 2006, p.iii). Adequate health literacy requires an individual to possess at least introductory skills, which means he or she must be able to make decisions while being analytical and be "visually literate (able to understand graphs or other visual information), computer literate (able to operate a computer), information literate (able to obtain and apply relevant information) and numerically or computationally literate (able to calculate or reason numerically)" and be able to apply all these skills to the area of health (National Network of Libraries of Medicine, 2010, para. 2 & 5). To assess the health literacy of the American population, the National Assessment of Adult Literacy (2003) conducted a survey and divided participants into four main categories: below basic, basic, intermediate, or proficient (Kutner et al., 2006). Upon completion of the assessment, a little over half of the adults (53%) were said to have intermediate health literacy skills. The results also indicated that 22% possessed basic health literacy skills, 14% possessed below basic health literacy skills with only 12% possessing proficient health literacy skills. Demographics did play a role in the likelihood of an individual to fall into a specific category. For example, adults aged 65 and older had lower average health literacy skills than adults aged 25–39. Blacks, Hispanics, American Indian/Alaskan Native and other multicultural adults had lower average health literacy skills than Whites and Asian/Pacific Islanders (Kutner et al., 2006).

While this survey provided valuable information about health literacy skills and demographics, it also included information about where individuals get their information. Results indicated that as the level of health literacy increased, so did the percentage of adults who obtained information about health issues from family members, coworkers or friends. Basic, intermediate and proficient skill levels were more likely to obtain health information from written sources (newspapers, magazines, books, and internet). A higher percentage of adults with basic or below basic health literacy skills received information regarding health issues from radio and television (Kutner et al., 2006). Additional research suggests that the average American gets frustrated with slow transmissions, reads only from left to right and is attracted to bright colors and images (Glik, 2007). Providing illustrations, images, or videos to the media to support instructional messages during a crisis could thereby increase the effectiveness of the messages reaching publics with lower health literacy.

3. Methods

This study employed mixed methods to assess the instructional messages for self-protection provided by the accountable agencies and organizations during the 2010 Salmonella egg recall and measure the frequency by which those messages were actually reported by the news media. Researchers examined official press releases and statements posted to the websites of the organizations and agencies deemed accountable for the crisis response during the 2010 Salmonella egg recall as well as the televised coverage of the crisis from August 13–20, 2010. We selected this time period because it represents the first

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