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RISK COMMUNICATION OF HEALTH AND WELFARE PUBLIC ORGANIZATION IN THE COVID-19 ERA

Dong-Hyuk Kim[1], Bo-Young Kim[1]
[1]Seoul Business School, aSSIST University, 46, Ewhayeodae 2gil, Seodaemungu, Seoul, South Korea

ABSTRACT

Due to the COVID-19 pandemic, many countries in the world recognized how important risk communication was. Especially the government and public organization's risk communication strategy for reliable and consistent messages and information sharing is crucial in epidemic control activities that require all people's risk recognition and voluntary participation. This study aims to analysis of a risk communication activity of the Korea Red Cross (KRC), which is a typical public organization of the Ministry of Health and Welfare, in the COVID-19 ear. The case analysis is based on the SMCRE (source, message, channel, receiver, effect) model. As a result, KRC's case has shown to be successful close cooperation of various interested parties such as the government, publics, NGOs and citizens. And the case suggests that SNS-based channel operation is essential in risk communication. The importance of consolidation of participatory communication, in which each individual could participate in risk management beyond communication for government-led policy operation, was revealed.

Key words: Risk management; Health and welfare, red cross; Public organization; Covid 19

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1. INTRODUCTION

Since COVID-19 was reported in Wuhan, China, in December 2019 for the first time, the world has faced a risk situation due to the most vicious novel infectious disease since the Spanish Flu in 1918. The World Health Organization (WHO) declared a global pandemic in three months of the outbreak of COVID-19 due to its explosive propagation. As the coronavirus spread like a pandemic for the third time, countries worldwide have concentrated on overcoming the coronavirus. Accurate information is one of the most essential disasters and emergency management principles in such a crisis [1]. Therefore, it is vital to communicate knowledge and

information of such a virus accurately. Social risk is expanded or reduced in the process of reinterpretation by individuals or groups and delivering it to social members again [2]. Consequently, social risk communication should be quickly and accurately carried out to prevent social confusion and citizens' excessive fear or collective anger.

When COVID-19 broke out first in China, it was a case in which initial risk communication failed [3,4]. Of course, China overcame the crisis through a robust policy, namely, an all-region lockdown. However, the infection quickly spread due to the lack of communication management to share the information from the initial stage when the social risk occurred and let the rest of the world know about the risk situation. When death from COVID-19 occurred in the state of Washington on February 29, 2020, a first-ever state emergency was declared in the U.S. Since then, nine states declared an emergency, and the U.S. declared a national emergency on March 13, with social distancing being carried out [5].

However, citizens felt psychological fear because no consistency in risk recognition and messages for prevention were offered in such a situation. Due to the COVID-19 pandemic, countries in the world recognized how important risk communication was. This shows that various interested parties should operate social systems through cooperation. The government's risk communication strategy for reliable and consistent messages and information sharing is crucial in epidemic control activities that require all people's risk recognition and voluntary participation.

The purpose of risk communication is to minimize conflicts among interested parties, including the government, organizations, and individuals, concerning risk attributes evaluation, result prediction, control possibility, and measures to cope with risk [6,7]. Each country's government and related organizations continue to manage communication in real-time in line with varieties of information delivery channels and in terms of plenty of information and messages, including the real-time number of confirmed cases of COVID-19 and guidance of prevention rules and social distancing. However, a detailed study is insufficient regarding risk communication activities or interactions of various interested parties ranging from each citizen and public organization to prevent the recognized epidemic at social risk level, except management strategies such as the government's safety rules or manuals about the pandemic [8].

This study analyzed a COVID-19 risk communication activity case of the Korea Red Cross (KRC), a typical public organization of the Ministry of Health and Welfare, based on a representative model of Laswell [9], namely the SMCRE (source, message, channel, receiver, effect) model. The Korea Red Cross continued to quickly cope with the prevention of the epidemic propagation through operations of the hospitals in charge of COVID-19, the input of specialists via cooperation with the Korean Ministry of Health and Welfare, and the International Red Cross immediately after the outbreak of COVID-19.

Simultaneously, the Korea Red Cross led social stability and affected the public's risk recognition and communication behaviors by actively leading risk communication using new channels through message delivery targeting citizens and local organizations, as well as events encouraging citizens' participation. By analyzing KRC's risk communication case, this study aimed to present concrete alternatives for leading public organizations' risk communication strategies and behaviors when a social risk occurs due to an epidemic.

2. LITERATURE REVIEW

2.1. Risk Society Management in the COVID-19 Era

Risks are divided into natural, technical, and social categories by focusing on causes producing the risks [10]. Natural risks are understood as disasters due to the upheaval of natural phenomena, regardless of artificial technology and natural disasters or God's act. Technical risk is regarded as accidents due to artificial outcomes or technical systems, including the collapse of buildings or bridges, factory explosions, and pollution. The social risk is related to incidents occurring due to only human behaviors such as theft, arson, and violence. Recent previous studies segment risks into the global ecosystem risk, natural disaster risk, national security risk, health risk, economic livelihood risk, technical disaster risk, and social disintegration risk [11]. Health risks such as novel influenza, mad cow disease, and COVID-19 have occurred recently, as well as various risk issues, including ransomware hacking, racial discrimination, the rapid increase of suicide, and environmental pollution.

Regarding the social structure dilemma [12], asserted that minimization of interested parties' conflicts is needed and can be done by easing the conflicts between safety and risk through the term "risk society." When the risk society emerges, a process to resolve the enormous damages and desires that humans need to bear is publicized, and consultation is needed. The preparation stage, making risks predictable, renders the acceptance of modern society's innovation and efficient possibilities likely. Therefore, the risk society receives the demand of policy management on social and political control and safety [13, 14].

In the COVID-19 crisis, a global response was needed to prevent a global pandemic. On January 30, 2020, WHO declared an international public health crisis, and the International Federation of Red Cross (IFRC) raised funds for victims' relief. UN announced a world humanitarian response plan to support the most impoverished countries [15]. When coronavirus started, China carried out an all-infected area lockout policy and carried out comprehensive inspections of the locked-out residents, setting up hospitals in charge of coronavirus in the area.

The U.S. declared a state of national emergency and performed social distancing. COVID-19, which started in Italy in Europe, rapidly spread to 26 European countries, locking out their borders. Mainly, Sweden carried out an experimental epidemic prevention policy, namely herd immunity. Each country declared policies to prevent COVID-19, including a lockout of movement, wearing of masks, social distancing, and business operation limitations, so the importance of smooth and organic communication with the public emerged [16].

2.2. Risk Recognition and Communication

Risk recognition is affected by the everyday needs, values, and experiences of social members; that is, social members evaluate risks with an ordinary meaning. Overestimated or underestimated recognition on safety or insensitive reality recognition is connected to an inaccurate diagnosis of risk factors and, consequently, it may cause the collapse of a social system [7, 17]. Risk recognition is not made objectively but is made by sharing reality recognition presented by social members with other social members [18,19]. Namely in a risk's social amplification model of Mileti and Fitzpatrick [20], risk exercises influence various interested parties beyond a simple social event. If a risk cannot be avoided, a countermeasure needs to be sought regarding it as a public communication issue, and key themes related to the risk should be publicized.

In such a background, discussions on communication have been conducted in full swing from the mid-1980s [21]. Until the mid-1980s, an assumption that scientists' objective method was risk evaluated was an actual risk and that the public's risk evaluation was irrational or wrong was dominant. However, it was recognized that gap in risk recognition existed between

the experts and the public, and the public acted according to their risk evaluation, rather than following experts' opinions; thus, a need to persuade and make the public understand and give their trust emerged.

Covello et al. [6] define risk communication as an act of offering and receiving information on the physical and environmental risk level, risk importance or meaning, and decision behaviors or policies to control and manage risks. Mileti and Fitzpatrick [21] explain the purpose of risk as educating or offering risk information and warning to urge preventive acts. Risk communication, consequently, can be defined as an effort or a process to share recognition on the size, nature, meaning, and response measures between various social groups.

It can be defined as a communication process to exchange and deliver information on evaluating and overcoming the internal characteristics of risks related to humans and the environment among individuals, groups, and organizations. Risk communication develops upon being focused on social contexts and interactions through new communication beyond various persuasion techniques to change the public's recognition [22]. Risk sources are divided into three dimensions: individual experience, direct contact activities with others, and indirect contact, namely, contact through media. Today, the most robust information source is the symbolic environment [23, 24].

The recent theory of the role of traditional mass media, including TV and newspapers, has been gradually changing due to the advent of new media centered on the Internet. Given that new media such as social network service (SNS), by which the public mainly functions as the leading player of information production in the risk issues in the COVID-19 era, a part of existing media settings is carried out, risk agenda is disseminated, and the communication channels and modes with the public on risk communication are rapidly changing [25, 26].

3. RESEARCH METHODS

3.1. Case Selection

Korea Red Cross (KRC) is performing international relief activities with the Red Cross of 192 countries under the Geneva Convention and is carrying out disaster relief activities as a government assistant domestically. The primary duties of the KRC include disaster relief, welfare, fostering international and humanitarian activities, public medical service, and blood services. It consists of 15 branches, Blood Management HQ, 15 Blood Banks, Plasma Fractionation Center, Blood Transfusion Research Institute, three Blood Lab Centers, and seven hospitals. KRC's humanitarian activists were approximately 130,000 adult volunteers, 139,000 RCY volunteers, and 2.43 million blood donors as of 2020 (closing year data, 2020).

KRC started international cooperation with the International Federation of Red Cross (IFRC), the International Committee of the Red Cross (ICRC), and the Red Cross Society of China. A close cooperative system was built as part of the national crisis management system with the Korean government. Korea did this based on the experience of failure for initial stage risk communication according to the MERS outbreak in 2015. Korea had the experience of excessive information sharing within the society where SNS was activated and of also causing social confusion by false news. The Korean government transmitted real-time breaking news on COVID-19 through TV and online news, sent emergency text messages whenever confirmed cases occurred, updated confirmed cases' moving paths on the local government Web site [27]. Also, general app developers developed COVID-19 apps to look at the confirmed cases' moving paths and share the information [28].

KRC recognized the importance of communication with people through reliable information and accurate message delivery when epidemics shaped the risk environment through MERS' experience (Middle East Respiratory Syndrome) in 2015. Immediately after the

COVID-19 crisis broke out, KRC started active activities to deliver messages to people alongside the government and public organizations within local areas from the initial stage of COVID-19. KRC established a two-way channel strategy to reduce negative issues, not expand to the risk society and expand and recycle positive issues.

To this end, SNS channel utilization was maximized. KRC sorted out conflicting social problems while communicating with citizens and established a process to respond proactively. In social risk through an epidemic, citizens' risk recognition and active participation in repelling infection are important. Therefore, KRC made an effort to embody an active and participatory communication program beyond direct message delivery. KRC's risk communication was benchmarked by the Canadian Red Cross and was introduced as a best practice in the report of the IFRC. This study selected KRC, a public welfare organization, as the study subject for a risk communication case through a novel epidemic.

3.2. Research Framework

When looking at typical models in the risk communication area, there is the risk communication amplification model presented by Renn [29], a mutual conceptual model by Leiss and Chociolko [30], and a model by Hallgrimsdottir and Benner [31] that professes a participatory communication design where diverse actors participate. This study analyzed the social communication activation case of the KRC's COVID-19 risk issue based on the SMCRE (source, message, channel, receiver, effect) model, a basic model of communication presented by Laswell [9] and Yang et al. [32] as a framework, which can structurally explain that risk issue's social amplification can have a significant effect on the ease of risk and amplification interruption by experts' opinions and views corresponding to information source within fast time, centered on the communication of interested parties (See Figure 1).

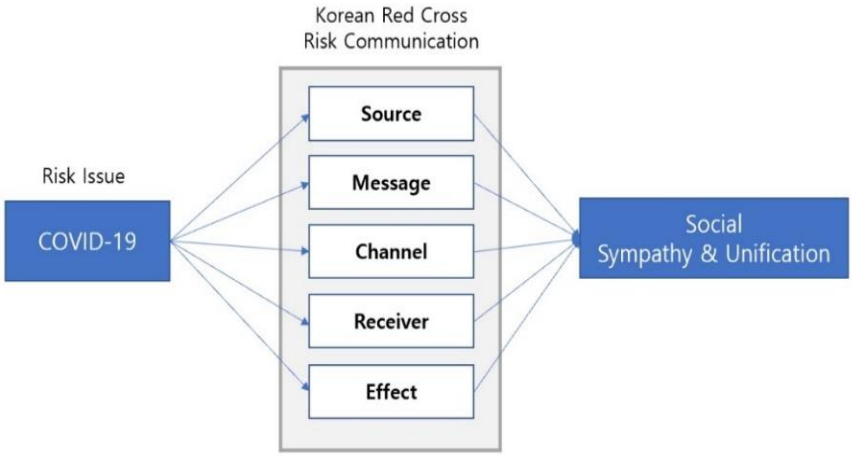

Figure 1 Research framework4

4. CASE ANALYSIS

4.1. Source

The Korean government is continuously operating a disaster crisis management system, and KRC plays an assistive role in government activities under Article 25 of the Act (April 30, 1949) and the Geneva Convention. Due to the COVID-19 pandemic, “Serious” level was declared under the Epidemic Crisis Basic Direction by the Korea Disease Control and Prevention Agency (KDCA). Centered on Central Disease Management Headquarters and Central Disaster and Safety Countermeasure Headquarters, KRC and relevant institutions started to cope with COVID-19 at the pan-government level jointly. Regarding the COVID-19

crisis, as local expansion appeared in Incheon like the first confirmed case occurring in Daegu and Gyeongbuk, networking with the relevant organizations, disaster management agencies, and public hospitals were essential because the central government and local governments could not solve the spread of an epidemic like COVID-19 alone.

KRC is in charge of part of the national crisis management system, having the public medical service, disaster response, and blood donation supply and demand system as the only organization in charge of disaster management in Korea. From the initial stage of the COVID-19 crisis, KRC quickly responded to crisis management by region, actively using local governments' medical services, volunteering work through hospitals and Red Cross, and a cooperation network with private companies. The Red Cross Hospitals were shifted into a hospital in charge of local COVID-19 fast and secured quarantine rooms. By setting up Red Cross COVID-19 Emergency Measure Headquarters, a manual sending medical personnel or workers to emergency regions was established (see Figure 2).

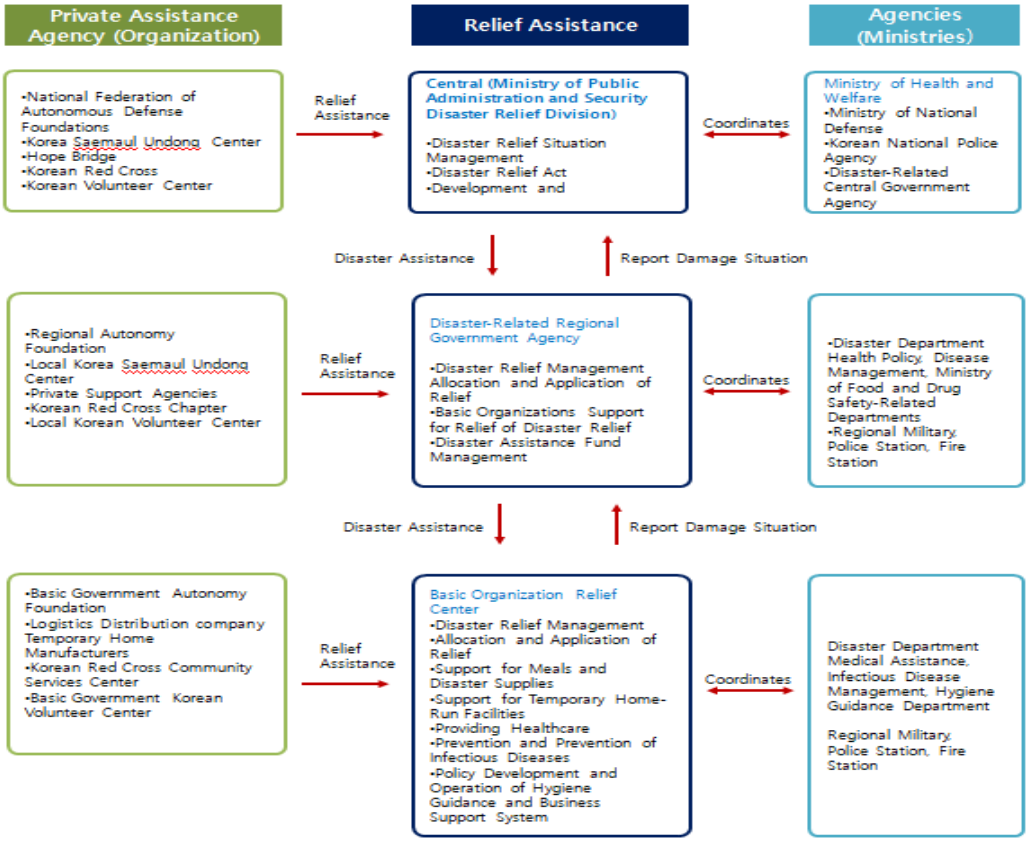

Figure 2. Operation system flow chart of disaster relief activities

KRC has maintained a hotline with East Asia Representatives of the IFRC from the initial stage of the COVID-19 outbreak. Therefore, KRC received information on January 23, 2020, that infection of COVID-19 between people was possible. Since then, KRC started to collect information and identified crisis coping progress through cooperation with each country's representatives. Also, KRC continued emergency support activities for countries having COVID-19 severe situations. The Red Cross of China spoke of the seriousness of the lack of emergency goods to respond to COVID-19 (masks, protective clothes, medical gloves, etc.). KRC did emergency support activities for the Chinese Red Cross five times in total.

KRC hosted an information-sharing meeting concerning response to COVID-19 in which the Seoul Office representative of the ICRC, East Asian representative of IFRC, and other

relevant figures participated at the request of the Canadian Red Cross. KRC delivered information and know-how required for the coronavirus crisis management of the Canadian Red Cross by sharing the know-how and techniques on the designation of hospitals in charge of COVID-19, response activities, and KRC's role and experience on support for quarantined patients and community treatment centers. KRC continued efforts and communication to overcome the COVID-19 crisis through more professional and stable international cooperation by participating in the international meeting organized by the ICRC.

To minimize COVID-19 damage exponentially expanding infectious people, KRC propelled fundraising with NGOs. The government needed time to establish administrative procedures and support systems for the underprivileged, support emergency goods for self-quarantine and community treatment centers, and support sanitary goods and meals for medical personnel. KRC raised KRW 250 billion of fund alongside the Community Chest of Korea and the Korea Disaster Relief Association, donating the fund for emergency goods input to cope with COVID-19. To prevent duplicate support and omission, the Korean government organized a COVID-19 Donation Council. It was a cooperative system to minimize the time for administration and duplicate support, including raised funds by fundraising institutions, sharing support situations, finding the blind spot of relief, job assignment by fundraising institution, opening hotlines with local governments, and designating public officials in charge of COVID-19.

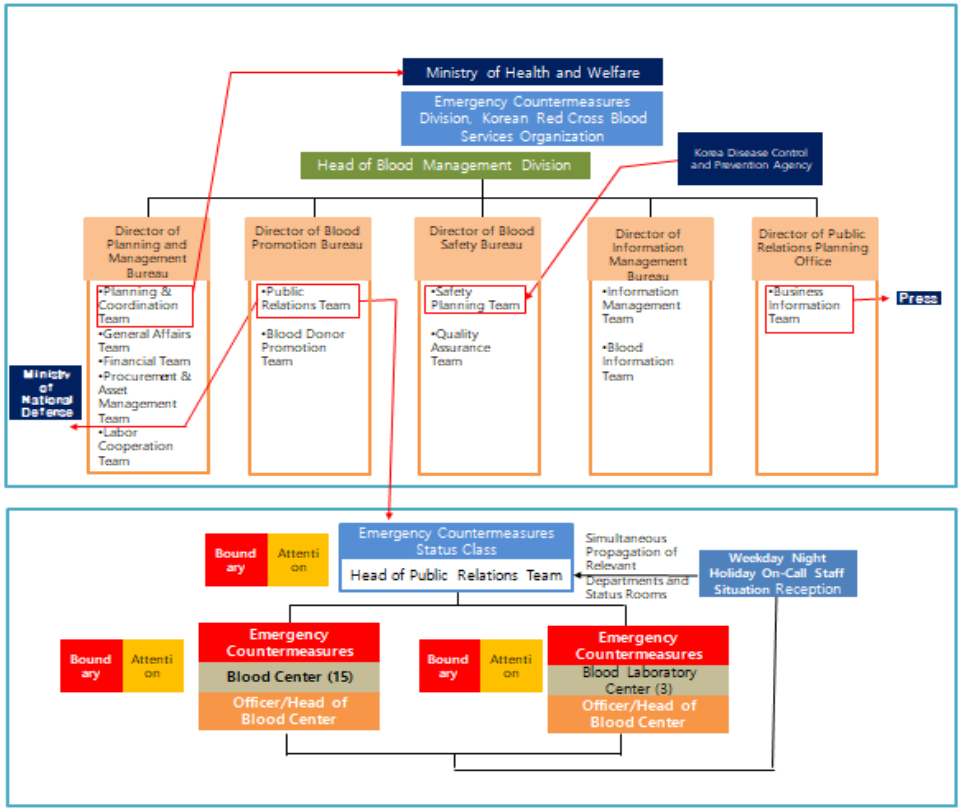

Figure 3. Manual of the government and KRC's blood management HQ upon epidemic outbreak

KRC endeavored to make people feel at ease and improve reliability on the crisis management while helping for quick relief and support activities as members of the council. KRC has been operating blood service, being commissioned by the Korean government since 1981. In June 2019, KRC revised and distributed a manual for the private-public blood supply and demand crisis response that specified cooperation matters with the Ministry of Health and Welfare and relevant organizations to stably secure blood to cope with the blood supply crisis.

In October 2019, KRC revised the field action manual in the blood management HQ's health and medical service relief blood sector and had been prepared for the Blood Bank and Blood Lab Center disaster situation upon national crisis occurrence, including the novel epidemic (see Figure 3).

The government and KRC actively adopted a new policy through the manual whenever donated blood amount was low. The blood supply crisis could be overcome with the following representative systems: blood donation holiday system expansion, blood donation time recognition in Civil Defense Corps training, request of blood donation to government offices and public organizations, adoption of soldiers' blood donation encouragement system, and public officials' blood donation participation relay campaign. KRC continued to cope with the crisis by connecting all relevant interested parties to overcome the COVID-19 crisis, including the central government, local governments, public medical institutions, NGOs, IFRC, cooperating for critical cooperative systems, and securing expertise/professionalism and reliability. Through continuous, quick, and accurate communication with information sources, early response to prevent coronavirus spread was possible at the early stage of the COVID-19 crisis.

4.2. Message

COVID-19 has higher infectious power than SARS, and MERS and citizens' fear index was elevated due to the absence of a vaccine or drug for COVID-19. COVID-19 is an epidemic with a very high infection rate, given that time to reach global pandemic was within three months. In such a situation, individual people's recognition of risk varies depending on what messages are delivered to people. As shown in the risk society where excessive fear or anger was aroused in MERS, it is vital to deliver objective and balanced messages to people in real-time.

KRC started to respond to the press officially on January 20, when the first COVID-19 confirmed case occurred. Above all, uncertain news on COVID-19, such as disseminating coronavirus through the air and eye, was amplified via SNS in a situation where no vaccine or drug existed. The infectious disease fears are connected to hatred and bias towards specific groups. The hatred emotions against China and Asia frequently occurred in Korea, as well as in foreign countries. KRC launched a campaign called "Let's overcome the pandemic with cooperation and solidarity to overcome the global epidemic while eliminating antagonism against each other."

KRC performed special disaster broadcasting with KBS to spread messages to overcome COVID-19 to people. Through broadcasting, one can overcome this ordeal if people unite and overcome the crisis beyond hatred, jealousy, and scapegoatism due to the infectious disease delivered to people. On February 25, 2020, KRC announced a statement for Korean people to cope with COVID-19 and, through it, KRC appealed to prevent coronavirus' spread in daily life and recover community awareness through compliance with personal hygienic rules.

KRC delivered a message on the method of social distancing in the initial level of social distancing. However, people complained of depression due to coronavirus through continuous social distancing, so a message formation for voluntary social distancing was needed. Therefore, KRC waged a COVID-19 Zero campaign on September 11, 2020, for citizens' voluntary participation in social distancing. Three campaigns, "Play in the House," "Cook in the House," and "Challenge by Patting," were waged. The "Challenging by Patting" campaign encourages and cheers up people, spending difficult days due to COVID-19, through a butterfly hugging method, a gesture to hug and comfort oneself as a psychological stabilization technique. It was carried out to give a message to cheer up our society by sharing positive energy by cheering up and encouraging people experiencing fatigue from wearing a mask, fear of COVID-19 infection, and an economically unstable future.

As COVID-19 spread, blood reserve rapidly fell unprecedently due to a concern about fear of infection. KRC announced a petition letter encouraging citizens' participation in blood donation, publicizing participation in blood donation and its safety as the speed of coronavirus became faster in local society. A guide to refrain from donating blood for those with pseudo-epidemic symptoms and confirmed cases was posted in a blood donation site, while efforts were made to disinfect the places, blood-gathering equipment, and goods every day to enhance the awareness that blood donation sites were COVID-19-clean zones. Masks for safety were delivered free to the blood donors who did not wear a mask, and efforts continued to reduce the anxiety of blood donors by preparing social distancing procedures upon blood donation in a blood donation bus, where the spatial restriction is high.

As the COVID-19 crisis was prolonged, Korean people faced a blood supply crisis. KRC sent a text message guiding blood donation to the Korean people for the first time in Korea. As citizens started voluntary PR for blood donation for the COVID-19 crisis and participation in blood donation on SNS, blood reserve rose. Several disaster text message systems using blood donation participation messages encouraged citizens' voluntary participation to overcome the blood donation crisis. As the spread of COVID-19 continued, false news spread that an infection probability was high if you donated blood, so blood donation was scrapped. KRC continuously delivered messages to guide people regarding blood-gathering sites' safety and not worry about being infected with COVID-19 to overcome citizens' anxiety and mistrust of the false news.

KRC Blood Management HQ endeavored to diffuse professional and balanced knowledge concerning COVID-19 in the early stage of the infectious disease. In the blood donor behavior rule against COVID-19, those who had COVID-19 symptoms were encouraged to voluntarily refrain from blood donation by letting them know about wearing masks, visiting hospitals, whether they had respiratory symptoms, and filling out a form about their overseas travel experience. KRC also strove for Korean people not to misunderstand COVID-19 by orienting them on personal hygienic issues and COVID-19 symptoms.

KRC vigorously delivered messages to encourage citizens' cooperation and solidarity, such as their personal hygienical management, social distancing, blood donation, and psychological stability amid continuous risks from the initial stage of the COVID-19 outbreak. Such efforts brought about crisis management results preventing risk promotion according to social panic and individual behaviors.

4.3. Channel

The 1,323 reports on KRC's blood donation, including 398 blood donation reports from January 2020 until April 30, 2021, were made. Ninety-seven public airwave broadcasting stints were conducted, and 1,172 reports by 171 newspaper companies, including the Internet newspapers, were made. While the mass media were used as the PR channel towards people, the two-way channel through SNS was also actively used. In the alert level of the COVID-19 crisis, mobile text messages were sent to blood donors who are KRC members, RCY, volunteers, sponsors, and trainees. On a profound level, channel management for an individual's access, including Web site, Facebook, Instagram, blog, and YouTube, was facilitated as a strategy. To optimize customized information by age for each channel, KRC operated Facebook for people in their 40s-50s, Instagram for those in their 10s-30s, its blog for those in their 40s-50s, and YouTube for all generations; thus, efforts to operate proper channels customized for each Korean person were made.

When looking at the channels closely, Facebook is a channel where many volunteer workers or employees participate, while significant subscribers are people in their 40s-50s. On Facebook, details related to KRC activities and campaigns were mainly dealt with. Instagram is suitable for the MZ generation between the 10s and 20s, and # tag search and online events

were carried out. In the COVID-19 Out Campaign on November 2, 2020, especially, 10,000 people responded with "Good" on Instagram, but only 260 people responded with "Good" on Facebook. Through its blog, a Folding Container Campaign in which masks were collected and then discarded was conducted. As 10 million masks are produced daily, the discarded masks reach 10 million daily. If masks are thrown together with other trash, there can be environmental pollution, which can create a secondary concern due to harmful bacteria on the surface of the masks. The campaign waged by using blog channels has generated an effect to prevent secondary infection and minimize environmental pollution by disposing of masks through putting them into a bag for masks only.

KRC's Blood Management HQ actively used SNS channels to encourage people to participate in blood donation. In Q4 2020, there were 9,100 followers on Facebook, 4,500 subscribed to YouTube, and 16 million people viewed the blog. In this way, two-way communication was consolidated through the SNS channel. KRC launched a Campaign of Heroes Hidden in COVID-19, centered on the SNS channel, to continuously carry out the channel activities. The campaign is a program in which a blood donor takes a blood donating image and sends it to the Blood Management HQ. The HQ puts together a hero image and posts it on the Blood Management HQ Facebook page. The campaign gained favorable responses from the blood donors. A campaign, "Let's donate blood, friend," was waged in which one hash tags a friend who wants to donate blood, so the SNS strategy was maximized to encourage participation in blood donation in the COVID-19 crisis.

KRC also conducted mask production and supply, epidemic prevention volunteering using drones, and side dish drive-through delivery volunteering for the underprivileged. The epidemic prevention activity through drones has become an excellent example of such an activity. As free food supply centers are closed due to the spread of COVID-19, KRC used a system delivering foods to volunteer workers with a drive-through for the aged and children who cannot afford foods. The service was established as a contactless delivery system delivering side dishes to the door of beneficiaries through text messaging, so the safety of the volunteer workers was ensured, and two objectives of safe volunteering and support for the underprivileged could be achieved.

KRC could encourage strong communication with people, two-way communication, and participatory crisis management culture by actively using diversified channels according to temporal environmental change beyond communication using traditional channels such as mass media and mobile text messages.

4.4. Acceptor

Typical activities for communities were mainly mask provision and support for emergency relief goods for people doing self-quarantine, entrants of life safety centers, and underprivileged people. After May, KRC found blind spots and offered customized emergency support. Starting for the underprivileged in Seoul, an emergency relief set to respond to infectious disease consisting of 10 masks, 20 clean gloves, one body thermometer, and a COVID-19 safety rules were proactively supported for those in Daejeon Sejong Branch and Incheon Branch regions.

In the severe level of COVID-19, an emergency food set for self-quarantining people was provided. The government expanded the community treatment centers nationwide as the effectiveness of treating patients with light symptoms was generated. However, in the community treatment centers opened in a hurry, the time and budget to buy daily necessities were insufficient. KRC supported a daily life goods set to the entrants by composing 15 items, including personal hygienic goods for those entering the community treatment center. Altogether, 90,000 emergency relief goods, 200,000 emergency foods, and 20,000 relaxation kits were supplied.

Since June 2020, as COVID-19 entered a lull state, the Ministry of Education gradually made schools reopen with the third-year students at high school. KRC supported 30,000 contactless body temperatures in total to the Daegu and Gyeongbuk Offices of Education (15,000 units, each) so that students can go to school usually. KRC continuously carried out international cooperation with IFRC for Korean people living abroad not to target Asian hatred. As the world is engulfed in COVID-19, news promoting uncertainties and anxieties rapidly increased through SNS in 2019. As COVID-19 risk was prolonged, the infectious disease panic was connected to hatred and bias against specific groups. Consequently, the emotion against China and Asia spread globally. KRC made efforts to reform such a risk society atmosphere and protect Asians alongside the government.

To reduce the fear index in communities, the government and KRC psychologically assisted through 1,308 counselors at 17 municipal and provincial Disaster Psychology Recovery Support Centers nationwide. For teenage middle and high school students familiar with online interactions, KRC opened an online counseling message board and operated counseling anonymously or non-disclosed. To psychologically support small business owners suffering from economic difficulties, psychological counseling was carried out for small business owners in 66 nationwide, regional centers, and 99 offices in cooperation with the Small Business Market Promotion Corporation and Korea Credit Guarantee Fund. Based on June 30, 2020, 10,116 people received psychological counseling, and a suicide prevention campaign was waged together with the Central Suicide Prevention Center. KRC is promoting continuous psychological support linked with suicide prevention activities due to depression stemming from COVID-19.

KRC conducted a gift car red carpet service alongside Hyundai Motor to ease the anxiety of blood donors' moving to the Blood Donation House due to prolonged COVID-19. For people's safe blood donation activity participation, apartment blood donation was launched. As the social distancing period was prolonged, the KRC established a visiting blood donation service system to donate blood within a residential complex. A safe blood donation environment and stable blood supply could be carried out from individuals to communities. KRC actively supported crisis management activities according to crises by community, crisis management differences, and generation characteristics. KRC is mainly supported by considering psychological stability beyond the threat to individuals' life and health, which can be revealed during the infectious disease risk period.

4.5. Acceptor

Collective emotion after the initial panic state was connected to national solidarity, centered on heroic relief activities. However, fatigue and conflicts began to spring up in various places in society due to the prolonged COVID-19. With persistent social distancing, economic problems of owner-operators and small business owners emerged. Fatigue and conflicts stemming from mask-wearing started to be prevalent in society, and anxiety to personal information exposure was added as the confirmed cases' moving path was revealed.

KRC judged that social value creation activity through which people can trust each other and can be united was necessary with KRC's activities when realistic problems occurred. To ease social conflict due to the non-wearing of masks and promote a sharing culture and social reliability, KRC waged an Angel’s Mask Sharing campaign nationwide. The campaign is to share extra masks with unmasked people by storing extra masks in a mask case: when the citizens having the extra masks meet people not wearing a mask, they can share the extra masks. During the campaign period, the mask kits of Angel’s Mask Sharing were distributed to citizens for free. For the invigoration of the campaign, the campaign friendliness and recognition were

enhanced using Lotte Homeshopping's character, Bellygom, through a business alliance with Lotte Homeshopping.

KRC also waged a COVID-19 Overcoming Campaign by supporting small business owners (Korean food restaurants) suffering difficulties due to COVID-19 and delivering lunch boxes to adolescents and alienated older adults who could not afford meals as free meals service centers were closed. The donations provided by people were delivered to the small business owners, who made one lunch box at KRW 10,000 and provided them to KRC. Subsequently, volunteers at KRC provide the lunch boxes to the underprivileged. To this end, the KRC promoted "Korea, have you had a meal?" a unique fundraising broadcasting in February 2021. For two months, KRW 620 million was raised, and 4,700 lunch boxes were provided. Economic effects of practical support for small business owners and underprivileged people were created. In the complex social crisis environment, the campaign's purpose was known to people, and enhancing social trust and cooperation was revealed.

As 2.5 level social distancing was enforced, the facilities where entrants' list writing obligation to collect personal information heavily increased. KRC provided 2,000 personal safety numbers as a pilot campaign of People's Safety Number that can be used for free for a year to protect people's personal information and for people to actively cooperate in epidemic prevention. As users of the safety number can change the number based on 080 services, personal information outflow could be fundamentally prevented. To investigate dynamics in a place where COVID-19 broke out, if the government requests information on the safety number, KRC provides the user's cellphone number. In this way, an effect of epidemic prevention and personal information disclosure prevention could be generated. KRC unfolded active campaigns and communication activities to properly reform the social atmosphere and encourage people to cope with COVID-19 in the prolonged COVID-19 era. The efforts show how much crisis communication is essential, aiming at stable culture-shaping for crisis society and cooperation enhancement of communities.

5. CONCLUSION

This study examined the risk communication case of KRC, a public organization for public health and welfare for risk society management that appeared due to the COVID-19 pandemic through the SMCRE model. As a result of the case study, three significant focuses to discuss could be found: First, for risk communication shown by KRC to be successful, various interested parties' close cooperation, such as between the government and citizens, should be considered above all. Risk communication can be defined as a communication process sharing assumed damages between the interested parties related to risks, namely recognizing risk factors). Message dissemination to overcome hatred and ostracism against others created social harmony and solidarity beyond social disintegration and hatred. As seen in KRC's case, optimistic messages and participatory communication to solve risks, rather than risk seriousness, are necessary to solve natural risk factors such as natural disasters.

Second, channel operation is essential in risk communication, especially in the present social change where diverse channels are developed. There is a need to construct and use an SNS-based risk communication management system and mass media, a traditional channel. Recently, SNS such as Facebook, Twitter, and Instagram have placed themselves as universal communication means in which people communicate and exchange information. SNS in community problem contexts, such as accidents and incidents, where socially rippling effects are substantial such as political disputes and environmental risks, function as important communication media. As KRC uses essential communication like TV or text messaging, KRC conducts efforts for accurate information and positive messages to be disseminated and communicated to the public using SNS. In a risk situation, the public's psychological anxiety

and non-trust towards the government are connected to social and political confusion. Therefore, there is a need to consider a strategic approach and system construction to manage SNS or effective communication channels in an integrated way.

Third, the importance of consolidation of participatory communication, in which each individual could participate in risk management beyond communication for government-led policy operation, was revealed. Today, many ordinary people conduct a series of communication behaviors in which they easily search and obtain information related to specific issues and deliver and share the information with others. In the case of an epidemic, issues such as risk recognition, risk management, risk behaviors, and risk acceptance in risk communication emerge as important. As seen in the case of KRC, it was confirmed that campaigns or donation-based participatory risk communication could be carried out with citizens, including lunch box donation and mask sharing campaigns, and could help ease citizens' anxiety and conflicts. In crisis management and communication to cope with risk society nowadays, citizens need to be considered an essential interested party participating in overcoming risks, not a mere subject to be managed.

Nonetheless, this study has the following limitations: First, this study analyzed a single case of KRC's risk communication according to COVID-19 risk. However, there is a generalization limitation that a single case cannot represent communication behaviors against epidemic risks. In a further study, various cases on communication activities to respond to COVID-19 by each country's Red Cross need to be found. They also need to be comparatively analyzed, while an effective communication strategy for social risk management through an epidemic must be established. Second, this study is a case study. There is a limitation that results in the actual practical value of risk communication activities were not presented. In a further study, there is a need to carry out empirical research on risk communication of the public organizations of the Ministry of Health and Welfare, such as the KRC.

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