Zika Crisis and Emergency Risk Communication (CERC) Discussion: Clear Communication Techniques

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The guidelines in this report are not clinical guidelines; compliance is neither mandatory nor tracked by CDC. However, CDC monitors the status of student health behaviors and school health policies and practices nationwide through three surveillance systems. These systems provide information about the degree to which students are participating in healthy behaviors and schools are developing and implementing the policies and practices recommended in the guidelines. The Youth Risk Behavior Surveillance System (YRBSS) monitors priority health-risk behaviors (e.g., unhealthy dietary behaviors and physical inactivity) and the prevalence of obesity and asthma among high school students. YRBSS includes a national, school-based survey conducted by CDC and state, territorial, tribal, and district surveys conducted by state, territorial, and local education and health agencies and tribal governments. YRBSS data are used to 1) measure progress toward achieving national health objectives for Healthy People 2020 and other program and policy indicators, 2) assess trends in priority health-risk behaviors among adolescents and young adults, and 3) evaluate the effect of broad school and community interventions at the national, state, and local levels. In addition, state, territorial, and local agencies and nongovernmental organizations use YRBSS data to help plan, prepare, and evaluate health promotion program goals, support modification of school health curricula or other programs, support new legislation and policies that promote health, and seek funding and other support for new initiatives. The CDC School Health Policies and Practices Study (SHPPS) is a national survey conducted periodically to assess school health policies and practices at the state, district, school, and classroom levels. SHPPS data are used to 1) identify the characteristics of each school health program component (e.g., physical education and activity and nutrition services) at the state, district, school, and classroom (where applicable) levels across elementary, middle, and high schools; 2) identify persons responsible for coordinating and delivering each school health program component and their qualifications and educational background; 3) identify collaborations that occur among staff members from each school health program component and with staff members from outside agencies and organizations; and 4) describe changes in key policies and practices over time. The School Health Profiles (i.e., Profiles) is a system of surveys assessing school health policies and practices in states, large urban school districts, territories, and tribal governments. State, local, and territorial education and health officials use Profiles data to 1) describe school health policies and practices and compare them across jurisdictions, 2) identify professional development needs, 3) plan and monitor programs, 4) support health-related policies and legislation, 5) seek funding, and 6) garner support for future surveys. Results from the surveys are described throughout this report.
Why Clarity Matters So Much During a Crisis or Emergency

People’s ability to comprehend shifts

1. Emotional reactions
2. Information overload
3. Conflicting, confusing, or incomplete information
4. New information or old information in new context
5. Hard to understand technical & scientific language and numbers
Clear Communication Principle for Emergencies

Focus on small amounts of action-oriented information that is easily comprehended
What the Public Will Ask First

- Are my family and I safe?
- What have you found that may affect me?
- What can I do to protect myself and my family?
- Who or what caused this?
- Can you fix it?

Do our materials answer these basic questions in a way the public can understand?
CDC’s Clear Communication Index

- Begin with 4 open-ended questions
  - State primary audience
  - Describe health literacy skills
    - Examples: Prior knowledge & experience, literacy & numeracy skills
  - State communication objective
  - State one main message statement
Categories of Index Criteria

- 7 categories with 20 scored items
  - Main Message
  - Call to action
  - Language used
  - Information organization
  - Health behaviors
  - Numbers
  - Risk statements
Example: Zika Main Message & Call to Action

- Slide title: **Build Your Own Zika Prevention Kit**
- If you live in a [state](#) or [area](#) with the mosquito that spreads the Zika virus and you are concerned about Zika, learn how to build your own Zika Prevention Kit.
Example: Zika Everyday Language

Slide title: **Basics of Zika Virus and Sex**

- A man with Zika virus can pass it to his female or male sex partners.
  - In the cases CDC knows about, men had symptoms. Zika can be passed before symptoms start, while he has symptoms, and after his symptoms end.
  - Men without symptoms may be able to pass the virus to their sex partners, but CDC doesn’t have reports of this.
  - In the cases CDC knows about, the men had vaginal or anal sex without a condom.
  - In some of the cases CDC knows about, the men also had oral sex (mouth to penis) without a condom.

- Zika virus can stay in semen longer than in blood, but we don’t know exactly how long Zika stays in semen.
Example: Zika Unknowns & What We’re Doing

- **What we don’t know about Zika**
  - We do not know how often Zika is passed from a woman to her fetus during pregnancy or around the time of birth.
  - We do not know whether the timing of the woman’s Zika virus infection during pregnancy, or the severity of a woman’s symptoms, affect her pregnancy.
  - We do not know the long-term health outcomes for infants and children with Zika virus infection.

- **What CDC is doing to learn more**
  - Developing laboratory tests to diagnose Zika as quickly as possible.
  - Conducting research on the link between Zika and microcephaly.
  - Identifying new areas with Zika and establishing a US Zika Pregnancy Registry to improve our understanding of the how Zika affects mothers and their children.
  - Testing different mosquito species to find out whether they carry Zika.
  - Providing advice to US travelers returning from areas with current outbreaks; and, supporting US states and territories already affected by Zika.
  - Preparing states and Americans with prevention actions in advance of mosquito season.
Stuck on Words?

- CDC’s *Everyday Words for Public Health Communication*
  - Plain language alternatives to jargon
  - Example sentences
- Federal plain language resources
  - Federal Plain Language Guidelines
Clear Communication Organization Techniques

- Bulleted & numbered lists
- Information chunks
  - 1 idea
- Headings
- Opening summary
- Visuals that support main message
  - Beware of distractors!
Risk Communication Resources

- CDC Clear Communication Index [www.cdc.gov/ccindex](http://www.cdc.gov/ccindex)
- Federal plain language resources [www.plainlanguage.gov](http://www.plainlanguage.gov)
- CERC resources: [http://emergency.cdc.gov/cerc/index.asp](http://emergency.cdc.gov/cerc/index.asp)
- Emergency Risk Communication Training: Atlanta, August 10-12, 2016
- To sign up for the Emergency Partners newsletter to receive Zika and other updates from the CDC, please click [here](http://www.cdc.gov)
- Contact [cercrequest@cdc.gov](mailto:cercrequest@cdc.gov) for questions
For the latest communication resources, check
To find information on specific groups, click
For more information, contact CDC
1-800-CDC-INFO (232-4636)

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.