New CERC exercises as of August 2024

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Exercise: What Does That Mean?

Note for instructor: If the groups have not done an exercise identifying audience segments, you may assign them audience segments. For example, in one course we asked each group to adapt the language for one of the following:

Group 1 – Community Health Workers
Group 2 – Parents
Group 3 – K-12 Teachers (This group asked if the teachers needed to understand in order to explain to parents or students. We discussed as a class and Group 3 then decided.)
Group 4 – News Media

Flooding example

Read the text below.

> The kind and level of contamination found in flood water varies considerably from one location to another and over time. A great deal depends on the nature, size, and location of contaminant sources and the direction and volume of flood waters. In the aftermath of a flood, it is important to emphasize that one should minimize exposures to microbial contamination during cleanups. However, most flood-related injuries are due abrasions or wounds caused by trips, falls, or scrapes, and thus preventing those injuries is paramount. Responding to the hazards that can cause those injuries will also have a large impact on pathogens, allergens, and irritants. For example, while the use of sanitizers may reduce biological exposures via inhalation or contact with skin or mucous membranes, so can aspects of the cleanup protocol, such as use of personal protective equipment (PPE), proper hand washing, and the availability of high-quality water. How thoroughly a surface is cleaned using hot water, detergent, and physical agitation is inextricably linked with how effective a sanitizer or disinfectant will be at inactivating residual microbes. Cleanup protocols and the utilization of PPE can also reduce the risk of exposure to non-biological contaminants in flood water, such as heavy metal, pesticide, and residues of hydrocarbons.
>
> Adapted from: flood-related_cleaning_report.pdf (epa.gov)

In your small groups, write some text that you could use to explain what it means to one of the audiences in your list. Practice saying it out loud. Upon returning to the large group, we will ask for volunteers to demonstrate explaining the information in plain language.

Radiation example:

Read the text below.

> The pathological processes of radiation injury begin immediately after radiation exposure, but the clinical and histological features may not become apparent for weeks, months, or even years after treatment. In the lung, for example, changes detected 6 weeks after irradiation are mild even after a high dose but by 6 months there is widespread fibrosis. Radiation injury is commonly classified as acute, consequential, or late effects, according to the time before

appearance of symptoms. Acute (early) effects are those that are observed during the course of treatment or within a few weeks after treatment. Consequential effects (sometimes called consequential late effects) appear later, and are caused by persistent acute damage. Late effects emerge months to years after radiation exposure...Early symptoms may not be apparent in some organs that develop late injury, such as the kidney, and trauma or surgery months or years after irradiation can precipitate acute breakdown of tissue that had been functioning normally.

From Stone HB, Coleman CN, Anscher MS, McBride WH. Effects of radiation on normal tissue: consequences and mechanisms. Oncology September 2003;4(9):529-536

Discussion: Impact of Communication

If you have not already done so, read **A Failure to Communicate**, an interview with Dr. Holley Wilkin, a communication professor from Georgia State University about communication challenges during COVID-19. https://news.gsu.edu/research-magazine/a-failure-to-communicate-covid-19-pandemic-public-health-messaging (Interview by Jennifer Rainey Marquez)

In your small groups, discuss the questions assigned to your group. If you finish early, choose another set of questions to discuss.

1. Dr. Wilkin states that "one of the most difficult things is [to] raise the right amount of fear in people." Do you think it's appropriate for public health officials to seek to raise fears? If so, how much, when, and how? If not, what do you think public health communicators should do when large portions of a population do not take action in response to a health risk?
2. Dr. Wilkins states that "we need to use multiple sources through multiple channels." In your jurisdictions, who are those sources and what are those channels? What do you do or what do you need to do to ensure you can work with the sources and use the channels when an emergency happens?
3. Dr. Wilkin states that "there are major differences in how people receive messages based on their social norms." What are some social norms that made it easier to reduce the spread of COVID-19 in your area? How did you leverage these? What are some that made it harder? How did you overcome these?
4. Dr. Wilkin states that "Black communities are disproportionately impacted by COVID-19 and also historically skeptical of the medical community." Are there any communities or populations you work with or try to work with that are skeptical of public health, emergency management, or government in general? What do you do to try and reach them nonetheless? What have you tried that has or has not worked? Why did it work or not work?

We will continue the discussions as a large group after your small group discussions.

Large Group Discussion:

- What were some things communicators* did during COVID-19 that helped the overall response?
- How did they help?
- What were some things communicators did during COVID-19 that hampered response efforts?

- What impact did they have on the response?

* For this discussion, the term "communicators" includes anyone responsible for developing or making decisions regarding communication strategies, developing content, or delivering messages.