

Global Communication and Marketing



Enhancing China's Capacity in Emergency Risk Communication and Use of Information Communication and Technology for Health Communication

Background: China has learnt a lot from the outbreak of SARS in 2003; however, Emergency Risk Communication (ERC) is still a brand new concept for its public health professionals. The National Center for Health Marketing US CDC has investigated ways to enhance the capacity of Chinese public health professionals in ERC, and identify effective information and communication technology (ICT) for rapid training and message delivery during public health emergencies.

Partners: US CDC, Coordinating Office for Global Health, China Ministry of Health (MOH); China CDC, China - Ministry of Health, Office of Health Emergency, China Global Fund Round 3 (GF3) China Office, and the China National Institute for Health Education.

Objectives:

- Identify effective ICT to be employed by Chinese public health system during public health emergencies as channels of rapid information and training delivery
- Enhance the capacity of Chinese public health professionals in emergency risk communication

Methods:

Emergency Risk Communication: In 2006, the US CDC, the Ministry of Health in China, and China CDC collaboratively developed a Public Health Emergency Risk Communication Guideline. Based on the CDC's 'Crisis and Emergency Risk Communication' principles, the guideline has been developed with a Chinese expert panel and reflects China's needs in emergency risk communication.

After pilot training with the contents of the draft guideline and testing training effectiveness, the expert panel revised and finalized the guideline according to the test results. The guideline will be disseminated to provinces as training materials. A series of trainings and workshop evaluations will be held in several provinces.

Pilot test of ICT: Before the pilot testing of public health workforce training using multiple ICT modes, an assessment was conducted to determine use and availability of ICT among the program target audience members in 58 GF3 project counties; 634 trainees from 84 project counties in 7 GF3 project provinces participated in a one day training focusing on HIV/AIDS project monitoring and evaluation. 75 trainees received traditional face to face training while 372 and 187 trainees participated in net conferencing and satellite training respectively. The trainer team and training contents were consistent across the three groups. The project compared outcomes from monitoring and evaluation training of HIV/AIDS interventions through face to face, net conferencing and satellite trainings. It also assessed available ICT infrastructures that could be used as a rapid training dissemination channel.

Evaluation:

Emergency Risk Communication: The team will conduct focus groups testing the risk communication messages developed pre and post training by trainees who are public health workers in San Ming city and Zhang Zhou city, Fujian Province

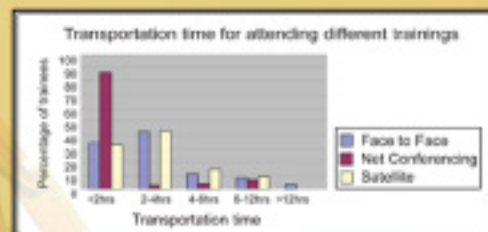
Pilot ICT Test: Evaluation tools were developed according to Kirkpatrick's training evaluation model. Level 1 (reaction) and level 2 (learning) evaluations data has been collected via pre-training, process and post-training evaluations. Level 3 (behavior) and level 4 (results) evaluations will be implemented 6 months after the training.

Results: Emergency Risk Communication:

- Risk communication principles were effective with Chinese audience. All focus groups preferred the messages that were written following the risk communication training and included more risk communication principles.
- All participants of the first workshop for emergency risk communication general principles and strategies indicated that the training was very helpful and they hope to have more opportunities to participate in risk communication training.

Pilot test of ICT:

- The survey for available ICT infrastructure indicates that all of the 58 CDCs in GF3 project counties have internet access and none of them has satellite signal receiving equipment.
- 66.9% and 60.7% trainees from net conferencing and satellite training groups believe that long distance rapid training methods will work better in rapid training and message delivery during health emergencies.
- 41.8% and 45.1% trainees from net conferencing and satellite training groups express that they prefer to have face to face training, while 11.1% and 10.9% trainees from these two groups like long distance rapid training more. The rest of the trainees like both.
- 71.8% trainees in long distance rapid training groups do not think the training has been impacted by technical problems.
- 73.2% trainees want to have more long distance rapid trainings.
- Face to face training demands more transportation time



Conclusions:

The Emergency Risk Communications principles contained by the guideline are effective with Chinese audience, but Chinese public health professionals need further emergency risk communication training

Internet based long distance rapid training is practical in China due to fact that the overwhelming majority of county level CDCs have good internet access. Long distance rapid training saves trainees' travel time to get training.

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