



Issue 2

Risk Communicator

the
RC



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<http://emergency.cdc.gov/ercn/>

in this issue

collaborating for successful communication results

[Page 3](#)

“priceless”

collaboration for hurricane preparedness: florida’s department of community affairs and its experience with MasterCard®

[Page 4](#)

talking to WHO’s john rainford

about the new WHO International Communication Guidelines

[Page 6](#)

academic spotlight-abstract of marsha vanderford

et al’s “emergency communication challenges in response to hurricane katrina: lessons from the centers for disease control and prevention”

[Page 9](#)

research summary-robert j. blendon et al report

results of a harvard poll on hurricane readiness: “hurricane readiness in high-risk areas: overall survey results”

[Page 12](#)

elements of a successful exercise:

functional vs tabletop and beyond

[Page 13](#)

collaboration and communication

during emergency response

[Page 16](#)

public health observances

[Page 17](#)

calendar of training opportunities

[Page 18](#)

contributors

[Page 19](#)

<http://emergency.cdc.gov/ercn/>

[next page >>](#)

Risk Communicator

the
RC

Issue 2

<http://emergency.cdc.gov/ercn/>

Issue 2: Collaborating for Successful Communication Results

The Risk Communicator (The RC) provides information and resources to help emergency risk communicators prepare and effectively respond in the event of a crisis.

The RC is a CDC's Emergency Risk Communication Branch (ERCB) quarterly publication. The ERCB provides primary leadership and staffing for the Emergency Communication System (ECS), CDC's 24/7 all hazards emergency communication and response system. Established in 2002, ECS has coordinated agency-wide emergency risk communication response for over 40 public health emergencies. In this role, ECS is constantly looking for new research and best practices to increase its emergency risk communication effectiveness.

In this issue of the RC, you'll find summaries of research, theories, and practices that apply to public health emergency communication strategy and operations. Specifically, The RC will include practical tools and techniques, guest interviews with risk

communication researchers and practitioners, and feature stories exploring issues related to applying emergency communications principles. We hope The RC becomes a valuable source of practical information that you will use frequently and share with others.

Although we think the summaries and other content are worth reading to generate new ideas and more effective approaches to risk communication, the inclusion of a summary in The RC doesn't imply a CDC endorsement of the article's contents.

Do you have suggestions for future articles? Would you like to write a feature or provide other RC recommendations? E-mail your ideas to riskcomm@cdc.gov.

The RC's Mission

Providing information and resources to help emergency risk communicators prepare and effectively respond in the event of a crisis.

<http://emergency.cdc.gov/ercn/>

[<< back to table of contents](#)
[next page >>](#)

**“priceless”
collaboration for hurricane preparedness:
florida’s department of community affairs and
its experience with MasterCard®**

2004

and 2005 were two of the worst hurricane seasons on record for the Florida coast. In the aftermath of the storms, the state of Florida realized the need for a new approach to encouraging Floridians to prepare for future hurricanes. The Director of Communications for the Florida Department of Community Affairs (DCA) at the time, Adam Sohn, reached out to adapt one of the most successful ad campaigns ever created.

Hurricane Preparedness

The eight hurricanes and tropical storms Florida experienced during 2004 and 2005 resulted in enormous damage, lost lives, and lost property. According to Sohn, the main reasons why people were in danger were twofold: They either did not have enough warning or they did not prepare as well as they could have.

There was clearly room to improve state-level communications about what items are needed to prepare for severe storms.

Tasked with creating a preparedness marketing campaign for the 2006 hurricane season, Sohn viewed MasterCard as a viable partnership. “When you are on a very limited budget, well-known brands and positioning of products can very well aid recognition of messages that have a social purpose to them,” said Sohn. He thought MasterCard’s “Priceless” campaign would be a great strategy to motivate Floridians to buy a few items in order to secure some peace of mind.

MasterCard’s ubiquitous “Priceless” campaign is based on the idea that the cost of ownership is secondary to the emotional value

the object creates in the

owner. Each ad has nearly identical copy, and each ends with the tagline “Priceless.”¹

The “Priceless” campaign has been in existence for 10 years, and as a result, Sohn knew the state could save time and dollars by not having to test messages prior to using them. “I can only deduce that if a 10-year campaign has been in place from a company with one of the biggest consumer brands in the world, then the advertising campaign must’ve been a boost in transactions,” said Sohn.

MasterCard and the state of Florida formed a private-public partnership to carry out the campaign. Sohn had no previous relationships or contacts with MasterCard when he formed the partnership. “I actually cold-called a head of public affairs from MasterCard, representing the state of Florida,” he said.

For the first time in the 10-year history of the “Priceless” campaign, MasterCard lent their brand and their positioning for free—an exclusive and unique agreement with Florida. The initial concept for the ad copy was produced by Sohn and his team and was based off the Priceless campaign. MasterCard worked with their ad agency to execute the layout of the ad itself. The final approval came from the Governor.

¹MasterCard: Priceless. Accessed on Marketing Practice. Available at:

<http://marketingpractice.blogspot.com/2006/11/mastercard-priceless.html>

<http://emergency.cdc.gov/ercn/>

The ad copy read, "Battery-powered flashlight, storm shutter, and weather band radio...\$349, tax free. (A little help before the storm...Priceless.)"

Reflections on the Campaign

The hurricane preparedness campaign was so successful that MasterCard continued to run ads longer than anticipated, all the way through the last day of hurricane season. The extension occurred because the campaign received significant media attention and was received well by Florida citizens, according to Chris Harrall, Vice President of MasterCard's Payment System Integrity Group.

The campaign was launched as a pilot project in three cities, later expanded to eight. MasterCard bought advertising space in major newspapers, including the Miami Herald, the Tampa Tribune, and the Orlando Sentinel. Although Sohn could not say how much the ads cost, he indicated that, though expensive, they came at no cost to taxpayers. "That came from MasterCard, trying to inform Floridians to do the right thing during hurricane season," he added.

The campaign received the Shoestring Budget Award from the National Association of Government Communicators, which recognizes government communicators that spend a nominal amount of money and are still able to reach many citizens.

"You really never know what is possible," said Sohn, who currently serves as Director of Media Relations for AARP. "I think other government communicators should look at this and say, 'Well, if it worked in Florida, there

"priceless"
collaboration for hurricane preparedness: florida's department of community affairs and its experience with MasterCard® *continued*

are a number of pieces of critical information that we would like to get in the public hands. How can we partner with the private sector to help facilitate that goal?" Sohn continued, "I think there is a huge opportunity for the government to reach out and do these types of things, because what MasterCard has proven is a willingness and boldness to go out and conduct a private project on something that is built upon a social mission, and they can put their brand in on the conversation, and it's a win-win for everybody."



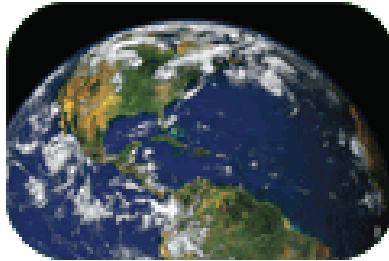
<http://emergency.cdc.gov/ercn/>

<< back to table of contents
next page >>

talking to WHO's John Rainford about the new WHO international communication guidelines

In 2004, the World Health Organization (WHO) released its Outbreak Communication Principles. Since that time, risk communication experts from WHO member states and partner nations have used the evidence-based, field tested communication guidelines to establish a comprehensive framework for effective communication during infectious disease outbreaks. Earlier this year, the guidelines were updated by a working group.

The objective of the update is to help national authorities apply the Outbreak Communication Principles to their planning and preparation activities by addressing specific public health objectives. The newly revised document also gives specific information about implementing the Principles, and serves as a guide to help member states build required capacity for effective outbreak communication. "When we talk about global initiatives, we are talking about so many diverse resources. We decided to go forward on the one specific principle of planning, to say, 'What can member states do to concretely improve their performance?'" says John Rainford, Team Leader for Communications in the Assistant Director-General's Office of Health Security and the Environment at WHO.



According to Rainford, although the Outbreak Communication Guidelines were already established following the SARS outbreak of 2003, there was a real need to update them. Specifically, there was a significant gap in advice to member states and partner nations: "The recommendations were at an incredibly high level, and member states were demanding more concrete advice, [for

example,] 'When you say listen, who do you listen to, and how?'"

To address these concerns, a group of 15 international leaders in the field of risk communication met to create the guidelines. To ensure the group was representative of WHO's global reach, Rainford said three criteria were used in the selection of participating members. Members had to be strong international leaders in the field of risk communication, provide diverse geographical representation, and represent diverse cultural and social demographics. "It's

a model that a country, region, or locality can use as well. If we want to make something that will be picked up by our African partners then [they need to have input]. That's a basic principle." The goal of the workgroup was to develop a document that captured best practices globally and make them highly scalable so that a range of countries with an array

of resources could use it. The workgroup also wanted the Guidelines to be simple and easily understood and translated to ensure the widest possible audience. Rainford believes these features are fundamental to the basic principles of effective communication. In addition to addressing member states' requests, The Outbreak Communication Guidelines describe seven steps recommended for national public health authorities implementing the WHO Outbreak Communication Guidelines. Each of the steps represents broad areas of work in building the required public communications capacity to deal with infectious disease risks.

<http://emergency.cdc.gov/ercn/>

<< [back to table of contents](#)
[next page](#) >>

**talking to WHO's john
rainford about the new
WHO international
communication guidelines**
continued

The steps are as follows:

1. Assessment
2. Coordination
3. Transparency
4. Listening during outbreaks
5. Communication evaluation
6. Constructing an Emergency Communication
7. Plan
8. Training

In contrast with many recommendations, writing the plan falls at the end of the process. Rainford explains that time and again, the experiences of member states show that the initial steps are more helpful to communication activities overall, and that without those steps firmly established, a plan has less ability to successfully engage a community. Likewise, capturing what your agency will actually do, rather than what your agency thinks it ought to do, is far more helpful. "We really felt that we had to confront that problem [of people not paying any attention to written plans]. Concrete capturing of all the planning components has to be done before all those other steps are done. If you haven't really confronted the challenge about transparency, then developing a plan saying you're going to be transparent isn't applicable."

Overall, the Guidelines are both broadly relevant yet detailed enough to be implemented with ease in a variety of situations. "I've seen great guides on how to do media relations and on message development, but so much of it has been American and Western driven. There are many things...that I don't think have been brought together the way they are here.

When you are devising something for so many diverse cultures, governments, populations, you have to find a way through that is useful across the board. That was a learning process for us all," Rainford concludes.

<http://emergency.cdc.gov/ercn/>

**<< back to table of contents
next page >>**

**talking to WHO's john
rainford about the new
WHO international
communication guidelines**
continued

The United States is a signatory to the Guidelines, and CDC is currently exploring how best to adopt the recommendations. According to John Rainford, WHO Team Lead for Communications in the Assistant Director-General's Office of Health Security and the Environment, the Guidelines can absolutely be adopted at the local level as well. He says the main points to remember are these three:

outbreak communication guidelines at the local level	
Assessment	Building from existing steps and existing systems is vital, and it will always be different based on your location. For example, many rural areas have very little infrastructure, but strong social networks that can be used to help inform people and get feedback on that information.
Coordination	There are very few limits to who can be a partner, and improved coordination with partners can mean a stronger response in an emergency.
Transparency	This is the most difficult aspect of communications. Take time to familiarize yourself with best practices on the issue, and assess what is realistic for your agency.

<http://emergency.cdc.gov/ercn/>

<< back to table of contents

academic spotlight: abstract of marsha vanderford et al's "emergency communication challenges in response to hurricane katrina: lessons from the centers for disease control and prevention"

Hurricane Katrina caused such catastrophic devastation that it challenged the fundamental tenets of emergency communication effective in prior emergencies. This report examines the challenges faced and strategies employed by the CDC's Emergency Communication System (ECS) in responding to Katrina.

The authors identify three main challenges for ECS during Hurricane Katrina:

- Rapid dissemination of health messages.
- Adaptation of health messages for diverse audiences, locations, and circumstances.
- Phasing of key risk messages during the emergency response.

Based on ECS staff experiences and CDC recommendations, the authors highlight a number of potential solutions to these challenges. First, working within the framework of existing partnerships is an essential component for establishing trust, disseminating health information face-to-face, and distributing previously developed print materials in event of a power outage. In addition, audience analysis is crucial to adapt health

messaging to reflect the literacy level and cultural context of a particular audience. Finally, it is important to develop phased messages ahead of time in preparation for an extended response.

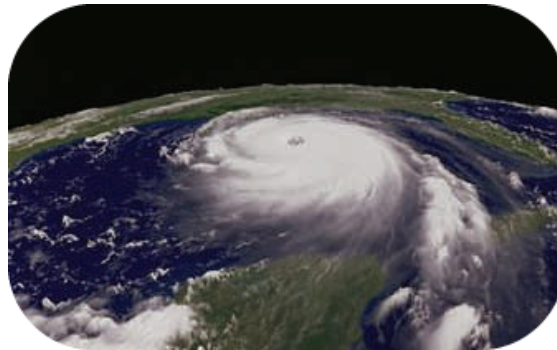
The need for a phased approach became apparent during the extended timeframe of the Hurricane Katrina response. Most emergency

communication plans, ECS's included, treat the response stage as a unified whole, overlooking the multiple, distinct phases that constitute an extended response.

During Katrina, the type of information needed in affected communities evolved over the duration of the

response. For example, affected populations initially needed health information to help protect themselves from storm winds and debris. Later, the focus shifted to drowning prevention, floodwater avoidance, and protection against electrical hazards. As the length of time people spent in evacuation centers increased, new health information needs emerged, such as promoting hygiene, controlling infection, and reducing stress.

Emergency communication response plans that do not take into account the



<http://emergency.cdc.gov/ercn/>

[<< back to table of contents](#)
[next page >>](#)

various stages of response may be inadequate to meet local needs. In particular, a phased approach addresses the potential of associated health threats during an extended disaster. Before Katrina, "the need for a comprehensive body of messages phased in over time had not been anticipated at any level of government."

As a result, CDC has since developed a multiphased communication approach to extended disasters relating to hurricanes and flooding:

1. The period immediately preceding the storm through the first 24 hours after the storm (e.g., hurricane readiness, preparation for power outages).
2. One to three days after the storm (e.g., worker safety after a flood, keeping food and water safe).
3. Three to seven days after the storm (e.g., preventing violence and looting after a disaster, infection control).
4. Two to four weeks after the storm (e.g.,

Please refer to the next page for phased hurricane messages.

Reference: Vanderford ML, Nastoff T, Telfer JL, Bonzo SE. Emergency communication challenges in response to Hurricane Katrina: Lessons from the Centers for Disease Control and Prevention. J Appl Commun Res 2007;35(1):9-25.

academic spotlight: abstract of
marsha vanderford et al's
"emergency
communication challenges
in response to hurricane
katrina: lessons from the
centers for disease control
and prevention"

continued

rodent control after a flood, respiratory protection when re-entering flooded areas).

5. One month and after (e.g., mold allergies and removal, issues with school-age evacuees attending new schools).

The authors acknowledge that specific phases are not entirely predictable, and future disasters would require variations. However, they note that many informational needs "can be predicted and phased on the basis of prior experience with hurricanes and flooding." This approach to planning allows communications professionals to both deliver necessary health information and forecast long-term needs and illustrates that short-term goals can be accomplished without losing future ground.

<http://emergency.cdc.gov/ercn/>

**<< back to table of contents
next page >>**

academic spotlight: abstract of
marsha vanderford et al's
"emergency
communication challenges
in response to hurricane
katrina: lessons from the
centers for disease control
and prevention"
continued

The table that follows highlights each phase and includes specific Internet-based resources that may be of particular interest during that phase. All the material listed is cleared content available to the public on U.S. Government Web sites, from which messages can be drawn directly or crafted based on the specific nature of the storm. (See reference on the previous page.)

Table 1: Phased Hurricane Messages

Period of dissemination	Topics
Immediately preceding landfall through first 24 hours after the storm	Hurricane readiness, preparation for power outages, preparation related to prescription medications, evacuating the area of a hurricane, staying safe in your home during a hurricane, worker safety in a power outage, carbon monoxide poisoning prevention, flood readiness, electrical safety, prevention of heat-related illnesses, hand hygiene in emergency situations, coping with a traumatic event, emergency wound care, protecting your pets, animals in public evacuation centers
1–3 days after the storm	Re-entering your flooded home, how to clean a flooded home safely, worker safety after a flood, preventing chainsaw injuries during tree removal, preventing injuries from falls (ladders/ roofs), personal protective equipment and clothing for flood response, managing acute diarrhea after a natural disaster, cleaning and sanitation after an emergency, keeping food and water safe after a natural disaster or power outage
3–7 days after the storm	Protection from animal- and insect-related hazards, electrical safety and generators, infection control and prevention in evacuation centers, impact of power outages on vaccine storage and other medicines, preventing violence after a natural disaster, animal disposal after a disaster
2–4 weeks after the storm	Rodent control after hurricanes and floods, trench foot or immersion foot, environmental health needs and habitability assessments, protection from chemicals released during a natural disaster, respiratory protection for residents
1 month and after the storm (emphasis is on long-term health consequences)	Suicide prevention, issues surrounding school-age hurricane evacuees attending new schools, mold removal from flooded homes, mold allergies related to flood clean-up

<http://emergency.cdc.gov/ercn/>

<< back to table of contents

**research summary-robert j. blendon et al report
results of a harvard poll on hurricane readiness:
“hurricane readiness in high-risk areas: overall
survey results”**

In the

3 years since Hurricane Katrina ripped through the Gulf Coast, memories of the storm and its subsequent effects continue to linger with many of those impacted. In 2008, the Harvard School of Public Health Project on the Public and Biological Security surveyed people in high-risk hurricane areas (Alabama, Florida, Georgia, Louisiana, Mississippi, North Carolina, South Carolina, and Texas). The study results reveal Katrina continues to affect perceptions about storm preparedness and evacuation. While there is a need for the general public to better understand how and why to evacuate for a storm, there are particular segments of the population in need of specific and targeted information.

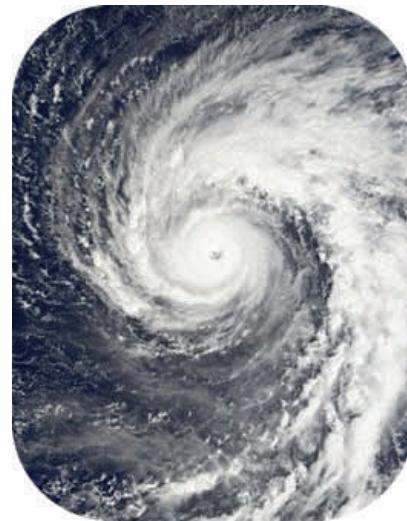
The results of the survey provide an important opportunity for risk communicators to address issues and misperceptions before and after a hurricane strikes. Understanding the reasons people do not evacuate is only part of the solution. Risk communicators can use this data to create messages that address these barriers and support informed decision making.

The Harvard School of Public Health (HSPH) conducted its 2008 survey in May and June 2008. The HSPH *Project on the Public and Biological Security* is funded by CDC through a grant to the Association of State and Territorial Health Officials.

For highlights of the survey, visit:

http://www.hsph.harvard.edu/news/press-releases/files/Hurricane_2008_Charts_Final.ppt

For more information, including complete results of the survey, please visit <http://www.hsph.harvard.edu/news/press-releases/2008-releases/hurricane-survey-katrina-fresh-watermedical-care.html> or contact Robin Herman at (617) 432-4752 or at rherman@hsph.harvard.edu



<http://emergency.cdc.gov/ercn/>

[<< back to table of contents](#)
[next page >>](#)

elements of a successful exercise: functional vs. tabletop and beyond

Over and over, we hear the importance of training and exercising a risk communication plan. In the wake of recent public health emergencies such as hurricanes, floods, foodborne disease outbreaks, as well as acts of terrorism, it is critical to be prepared and have a realistic, practiced, and actionable risk communication plan in place; these components can ensure your plan meets those criteria. What follows is a detailed explanation of what your agency needs to train and exercise your plan to ensure maximum readiness and appropriate response to whatever public health emergency you face next. Training the Plan Risk communicators play a major role during public health emergencies, just as competent risk communication is critical to emergency responses. Yet communicators are often embedded within a large-scale, event-specific exercise and rarely engage in exercising the communication plan alone. Once a communication plan has been written and approved by your agency's leadership, all persons who are responsible for executing the plan should receive adequate



training about it prior to participating in an exercise.

Moreover, it is imperative that all trainees have a thorough understanding of the plan's Concept of Operations as well as the resources and tools available to implement it. During the training, some of the topics may include:

- The role of risk communication during a public health emergency.
- Using a Risk Communication Principles checklist.
- Persons on the communication team (internal and external).
- Spokesperson(s) for the agency—may vary depending on the crisis.
- Methods of communication (public and secured).
- How to solicit feedback and information from the target audience(s) and how that information will affect message development.
- Have a directory of persons responsible for creating risk communication materials before, during, and after the event.
- Call roster.
- Media outlets in your area.
- Web site content/information, including how to post new information.
- Transparency guidelines and decision-making processes.

<http://emergency.cdc.gov/ercn/>

<< [back to table of contents](#)
[next page](#) >>

In addition, the training should address the importance of developing effective and efficient messaging during a public health emergency. This will help ensure communicators have a clear understanding of what the message(s) should include. Below is a list of five key components for developing effective risk communication messages:

- Reduce Uncertainty—provide information about the outbreak/event.
- Increase Feelings of Control—provide information on how the public can protect themselves, their families, and community.
- Build Trust—address specific public worries and concerns.
- Communicate Transparently—describe the next steps in the response and how decisions are being made.
- Meet the Cognitive Needs of People Under Stress—use simple, nontechnical language.

Exercising the Plan

After the plan has been trained, your agency should design an exercise(s) that will test procedures to identify strengths and weaknesses to enhance the plan, as well as better prepare communication staff for real events. After each exercise, revise the plan to reflect lessons learned and keep your communications operations realistic and appropriate.

According to the U.S. Department of Homeland Security's Homeland Security Exercise and Evaluation Program (HSEEP), the exercises should occur in the following order:

- Tabletop Exercise (TTX)—stimulates discussion of various issues regarding a hypothetical situation. This exercise can be used to assess plans, policies, and

elements of a successful exercise: functional vs. tabletop and beyond continued

procedures. Tabletops can be conducted as one large group or split into groups based upon functional areas.

- Functional Exercises (FE)—designed to test and evaluate individual capabilities, multiple functions or activities within a function, or interdependent groups of functions.
- Full-scale Exercise (FSE)—multiagency, multijurisdictional exercise that tests many facets of the response, including communications. An FSE focuses on implementing and analyzing the plans, policies, and procedures developed in previous discussion-based exercises, such as the TTX and FE.

Each of the exercises listed above requires full participation from an exercise planning team working together to develop objectives and goals that will serve as the framework for the scenario. It is important to develop a reasonable scenario that limits the number of objectives and develop "injects" that will drive the objectives. Keeping objectives and injects limited in number and scope will allow adequate time to successfully complete the exercise.

It may be beneficial for your agency to conduct an internal tabletop exercise to ensure that the plan is well-developed, as well as identify strengths, gaps, and/or challenges that can be addressed prior to a public health emergency.

<http://emergency.cdc.gov/ercn/>

<< [back to table of contents](#)
[next page](#) >>

**elements of a successful exercise:
functional vs. tabletop and
beyond** continued

Since many public health agencies have very small communication staff and are unable to conduct an exercise independently, other options might include:

- Working with neighboring public information officers (PIO)/risk communicators to multiple jurisdictions.
- Designing an exercise to test JIC Operations, using Memorandums of Understanding (MOUs) with your city or county PIO.
- Conducting a small tabletop exercise, and then doing a brief assessment of the exercises versus a recent response effort.

For more information about training and exercise planning, please see https://hseep.dhs.gov/pages/1001_Toolk.aspx

<http://emergency.cdc.gov/ercn/>

**<< back to table of contents
next page >>**

collaboration and communication during emergency response

Communication is essential to safety, and safety is usually the top priority during emergency situations and natural disasters.¹ Research shows that in order to ensure optimum effectiveness and efficiency during disasters, public health agencies and emergency response agencies must work together both before and during crises.²

According to the National Association of County and City Health Officials (NACCHO) common elements of successful collaboration are:

- Communicating and providing local input during the planning process.
- Involving state associations of local health officers;
- setting protocols.
- Adopting a regional approach to planning.
- Adopting a system-wide approach to planning.³

To achieve effective partnerships to enhance interagency communication, public health officials need to build relationships ahead of time, through both individual outreach and agency-focused events. Local, regional, national, or international workshops or conferences are one of the best ways to interact with colleagues from different agencies and develop personal relationships with them. Such conferences provide valuable opportunities to “meet everybody face to face and discuss who should be contacted first regarding certain [emergency] situations.”³

Another path to creating partnerships is to host an emergency preparedness workshop with public information officers (PIOs), policy makers, and first responders from the

surrounding region. Topics of discussion may include emergencies that are indigenous to the area (e.g., hurricanes or wildfires) as well as other crises such as West Nile virus or terrorist attacks. Involving a wide range of participants will encourage input about theoretical, financial, and practical perspectives on the topics discussed.

As a result of communication failures during recent emergency events (including Hurricane Katrina's aftermath) there is increased attention on the need for redundant systems to keep the public informed and educated about public health activities, especially during an emergency.⁴ Community partnerships—particularly between emergency management, first responders, law enforcement, and the healthcare delivery system—provide a strong platform for messaging that is consistent across agencies and channels. By reaching out at both the individual and agency levels, risk communicators can foster important relationships to help resolve emergencies as efficiently and quickly as possible.

1. EmergencyCommunication.org. Available from: <http://www.emergencycommunication.org/>
2. Wetta-Hall R, Berg-Copas G, Herrmann M, Kang S, Orr S, Molgaard C. Regionalization: Collateral benefits of emergency preparedness activities. *J Public Health Manag Pract* 2007;13(5), 469–475.
3. Bashir Z, Lafronza V, Fraser MR, Brown CK, Cope JR. Local and state collaboration for effective preparedness planning. *J Public Health Manag Pract*. 2003;9(5):344–351.
4. Morrow C. Public health emergency preparedness and the evolution of public health in the 21st century. *J Public Health Manag Pract* 2007;13(5):439–440.

<http://emergency.cdc.gov/ercn/>

public health observances

January Preparedness Plan

The start of a new year is a good time to encourage your target audiences to develop a preparedness plan at home, work, or school. An important component of a preparedness plan is a supply kit for disasters.

For more information about disaster kits visit:

http://www.fema.gov/areyouready/assemble_disaster_supplies_kit.shtm

February American Heart Month

People with cardiovascular problems often require regular blood pressure checks. Encourage constituents to keep a blood pressure cuff in their disaster kit, where it can be used in an emergency (especially if away from home or medical care). Additionally, remind community members that packing heart-healthy food items—food items that are low in saturated fat and cholesterol—in disaster kits will help maintain a healthy diet during an emergency.

The following resource may be beneficial to you as you plan:

<http://www.americanheart.org/presenter.jhtml?identifier=1200000>

For more information or to learn about other national observances, visit:

<http://www.healthfinder.gov/nho/nho.asp?year=2009>

<http://emergency.cdc.gov/ercn/>

<< [back to table of contents](#)
[next page](#) >>

calendar of training opportunities

january

january 22–24, 2009

Local Government Commission 8th New Partners for Smart Growth Conference, Albuquerque, New Mexico
Issues such as global warming, water and air pollution, droughts, floods, high gas prices, housing foreclosures, obesity, and food scarcity will be discussed at this conference.

<http://www.newpartners.org/about.html>

february

february 13–17, 2009

Local Government Commission 8th New Partners for Smart Growth Conference,
Albuquerque, New Mexico

Issues such as global warming, water and air pollution, droughts, floods, high gas prices, housing foreclosures, obesity, and food scarcity will be discussed at this conference.

<http://www.newpartners.org/about.html>

february 18–20, 2009

Public Health Preparedness 4th Annual Summit, San Diego, California

The 2009 Public Health Preparedness Summit will improve the ability of participants to plan, prepare for, respond to, and recover from public health emergencies.

<http://www.phprep.org/2009/?CFID=1749293&CFTOKEN=82534496>

february 18–20, 2009

University of North Carolina at Chapel Hill, School of Public Health 30th, Annual Minority Health Conference
Chapel Hill, North Carolina

The Annual Minority Health Conference was launched by the Minority Student Caucus in 1977 and has been conducted nearly every year since then. One of the major objectives of the conference is to highlight health issues of concern to people of color.

<http://www.minority.unc.edu/sph/minconf/2009/>

<http://emergency.cdc.gov/ercn/>

<< [back to table of contents](#)
[next page](#) >>

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<< back to table of contents