



Issue 1

Risk Communicator

the
RC



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Risk Communicator

the
RC

Issue 3

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Welcome to the first edition of the Risk Communicator (The RC).

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) bimonthly 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.

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understanding your audiences

During a disaster, effective emergency risk communication can mitigate many potential negative health effects. Even though the emergency itself may increase public attention to related health threats, it is critical to know and understand audience needs, concerns, and expectations so that they notice, attend to, and act upon your emergency public health messages. In this first issue of **The RC**, we explore trust, distribution channels, and stakeholders' influence on emergency risk communication.

In this issue's **research summary series**, authors Deborah Glik and Craig Lefebvre:

- Provide an overview of different research areas and practical applications that have shaped current risk communication theory and practice in the field of public health.
- Encourage communicators to embrace new technologies as methods for extending audience reach.

The academic spotlight article, "**Messaging Is a Matter of Trust**," highlighting work from the University of Georgia, Southern Center for Communication, Health, and Poverty (UGA SCCHP), Outlines important factors leading to trust among minority audiences.

- Provides implications for message delivery.

"On the Frontlines of the California Wildfires"
Offers a practitioner's perspective about real-time emergency message strategy and dissemination.

"Social Media and Your Emergency Communication Efforts"

- Examines "interacting" with audiences using new media channels.

A list of **health observances** includes:

- Training opportunities.
- Timely suggestions about messaging to remind the public and stakeholders to prepare for emergencies.

Clearly, activities and recommendations to help risk communicators understand their audiences continually grow and evolve. This set of articles presents only some aspects. If you would like to share your ideas about how to reach audiences with emergency risk communication messages, please e-mail riskcomm@cdc.gov.



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social media and your emergency communication efforts

From cell phones to YouTube,

technology innovations continually challenge the field of risk communication. Not only are they changing how information is disseminated, they are also influencing how communicators should plan for emergency situations. This article reviews recent research and examines various opinions about social media and its impact on crisis and emergency risk communication.

In her blog, "Crisis Management in The Year 2007 and Beyond," Toby Bloomberg writes, "Crisis management must incorporate processes and systems that reach people in ways in which they communicate."¹

Until recently, communicators relied solely on traditional media vehicles such as radio, newspapers, posters, brochures, and television to push risk messages to the public. With the advent of the Internet, risk communicators began modernizing their communication channels and adopting first-generation social media tools, including e-mail, Web sites, and online instant messaging as means to connect with their audiences.

With the "Web 2.0 Revolution" toward social media, risk communicators are again adapting to a changing society of media-savvy consumers who not only seek information, but also generate information of their own on sites such as YouTube, Flickr, and MySpace, substantially contributing to new content.^{2,3} Now, practitioners consider the impact of blogs, RSS feeds, wikis, online and mobile video, podcasts, and other new media networks and communications as critical components of their emergency and crisis preparedness, response, and recovery strategies.

Data collected by comScore Video Metrix, a

provider of Internet audience measurement services, reveal that today, more than 184 million Americans (over 75 percent of the population) are Internet users. In November 2007 alone, 3 out of 4 Web users viewed online video, including streaming video and progressive downloads, totaling nearly 9.5 billion videos. YouTube accounted for 2.9 billion videos and 74.5 million unique visitors. Since January 2007, online viewing hours per person has increased 29 percent from 2.52 hours to 3.25 hours per month.⁴ Technorati, an Internet search engine for searching blogs, photos, videos, and audio files, currently tracks more than 112 million blogs.⁵

Although social media channels such as YouTube, blogs, and podcasts are considered by most as a means for delivering entertainment and personal opinions, communicators should also consider their relative importance in reaching their audience segments during an emergency. "The social and community qualities of new media can advance health and risk communication by changing how we understand our problems and construct our solutions," shared Jay Bernhardt, Ph.D., M.P.H., and Director, National Center for Health Marketing, Centers for Disease Control and Prevention (CDC), in his Health Marketing Musings Blog entry entitled "This blog could save your life."⁶

The value of social media in emergency communication became apparent in the aftermath of the April 2007 tragic school shootings at Virginia Tech University. This horrific event has caused many practitioners to argue that social media channels should be incorporated in every communicator's crisis and emergency risk communication plan to extend audience reach.

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social media and your emergency communication efforts

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According to reports, the university relied on e-mail, the Web, and messages sent to dorm phones to alert students of the shootings. One method that was not available: sending text messages to cell phones.⁷ Some believe that students would have been better able to protect themselves had this technology been used, especially for this generation, which is more engaged in SMS (sending text messages via cell phone) than in sending and receiving e-mails. University officials are now considering using text messaging to stay in contact with students for whom even e-mail is becoming passé.⁷

Throughout the Virginia Tech event, students used new media to reach out to others with information they wanted to share. According to news reports, after becoming aware of the incident, students communicated with their family and peers about their safety using telephones and social media networking services. A YouTube search reveals approximately 9,000 postings tagged with a combination of "Virginia Tech" and "shooting," "massacre," and "murder." Jamal Albarghouti, a student at the school, captured video from his cell phone camera of police firing at the then-unknown gunman and posted it to CNN i-Reports.⁸ The perpetrator, Cho Seung-Hui, mailed a package with videos and photos to NBC, expecting them to be broadcast and downloaded from the Web.

During the shootings, so many people used cell and wireless communications that the system became overwhelmed. In his blog, "Virginia Tech: Yet Another Wake-Up Call for Better Emergency Preparedness," Andy Carvin, Internet activist, author, Edtech expert, and host of *At the Crossroads of Internet and Education*, reprints Bruce

Pencek's e-mail, which was posted on MySpace following the Virginia Tech tragedy. Pencek was a student at Virginia Tech and was on campus during the time of the shooting. In his e-mail Pencek states, "Communication of the event was very much a case of who had a cell phone or wireless device before the bandwidth got constipated."⁷ The activities of all three students appear to corroborate the opinions that social media should be integrated into risk communication plans.

According to Sheldon Krinsky, PhD, Professor of Urban and Environmental Policy and Planning at Tufts University, "The openness, accessibility, and transparency of the Internet will allow consumers to weigh conflicts of interest in risk communication, question authority, and build networks of trust among affinity groups that may or may not be concordant with the perspectives of technical decision analysts."³ The Internet has given average citizens access to professional journals and government reports, increased power to question authority, the ability to witness debates regarding various issues through blogs, and the opportunity to participate in chat room discussions where they exchange ideas with people with similar interests but whose ideas may not necessarily be the same as those of subject matter experts.

Many state and local government agencies now are creating their own social networking sites in response. In February 2008, the Virginia Department of Emergency Management launched a YouTube channel to reach Virginia citizens with emergency-

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related information and public service announcements from Governor Tim Kaine.⁹ The site was developed in partnership with Google.

Conversations and information-seeking during an emergency event will continue to occur in the social media sphere. A sound strategy that includes using social media channels where audiences are already sharing and seeking information will help emergency risk communicators reach those audiences with critical information they need to protect themselves and others during and after emergencies.

The *Risk Communicator* staff is interested in hearing about your experiences with social media. Send your stories to riskcomm@cdc.gov.

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**social media and
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messaging is a matter of trust

Most risk communicators would agree that their greatest challenge is crafting messages that drive target audiences to action. This task is even more challenging when your audience believes that the emergency or crisis is unlikely to occur, will have little to no impact on them, or that the messages or source are not credible.

The events of Hurricane Katrina illustrated this concern and reminded risk communicators to continually reevaluate their message development and dissemination strategies. Most importantly, Hurricane Katrina and subsequent emergency events have caused communicators to ask, "How do we create credible messages that move people to informed action to protect their health?"

Since the fall of 2006, faculty and staff at the University of Georgia (UGA), Southern Center for Communication, Health, and Poverty (SCCHP), have been seeking answers to this question. The overall mission of SCCHP, a CDC-funded Center of Excellence for Health Marketing and Communication, is to reduce health disparities by investigating how lower-income individuals living in the South

respond to health risks, and by developing and testing interventions to enhance their health protection behaviors. SCCHP studies how low-income people living in the South, who are disproportionately Latino and African American, attend to health risks, process messages about risks, and decide whether to engage in behaviors that will help protect them from health threats.

Reaching Latino Audiences

According to Don Rubin, Ph.D., professor in the departments of Speech Communication and Language and Literacy Education, UGA SCCHP, the University immediately started planning a research initiative focused on the Latino community after hearing about the experiences of risk communicators and others involved in Hurricane Katrina's emergency preparedness and response.



"When state and local risk communicators disseminated messages to the community, they recognized that their messages weren't being trusted; therefore, not moving people to action," said Dr. Rubin. "We began to hear from state and local risk communicators and health information officers about the need to reach communities with messages members of the community would trust."

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messaging is a matter of trust *continued*

SCCHP began the project by performing a needs assessment, conducting focus groups, and researching the Latino community and media. As a result of its research, SCCHP identified several key best practices for establishing trust with Latinos. It is important to note that these findings are a result of one study conducted with Latinos living in the South, and may or may not be applicable to all communication initiatives, nor for all Latino communities.

First, SCCHP recognized that although individuals may be part of the same ethnic or racial group, when developing messages and materials, it is critical to acknowledge the diversity within the community. The Latino community originates in many nations; consequently, communicators need to be aware that more targeted messaging may be required.

Second, SCCHP discovered that it is crucial to identify a community member, or someone who knows the community well and is respected within that community, to become a *promotoras de salud* (health promoter), and serve as a bridge between public health and the Latino community.

Third, SCCHP found that it is important to learn about the audience's driving values and build messages around them. A core value for the Latino community is family solidarity. Effective messages should be created to link health protection messages to family.

Last, SCCHP recognized that if relationships and trust between the organization and the community have not been established, emergency materials and messages are disregarded. "The issue of trust is essential when communicating with certain racial or ethnic communities," affirmed Dr. Rubin. "Having lots of good materials is important, but if the relationship of trust isn't there, then none of the materials will do any good."

Additionally, SCCHP learned that minority media representatives often feel they do not have adequate access to health communication and risk communication information. If risk communicators are to rely on the news media to relay emergency and risk information to minority audiences, they must provide information directly to minority media just as they do for more mainstream media outlets.

Reaching African American Faith-Based Audiences

Realizing that similar communication challenges apply to public health messages intended for African American faith-based communities, SCCHP teamed with the Morehouse School of Medicine (MSM) Prevention Research Center to develop guidance for risk communicators when collaborating with this audience as they prepare for an influenza pandemic.

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messaging is a matter of trust *continued*

SCCHP and MSM engaged members of African American faith-based organizations in the South, public health risk communicators, and members of local emergency preparedness and response programs to identify best practices for disseminating messages about a pandemic flu event.

SCCHP and MSM recognized that it is important to establish relationships with spiritual leaders who are the gatekeepers for reaching many African Americans who consider themselves part of a faith-based community. This team also learned that many faith-based organizations delegate persons to run their health ministries. It is essential to identify those leaders as well.

Finally, SCCHP and MSM found out that it is most effective to conduct outreach through existing channels (e.g., phone chains, church bulletins, etc.) currently used by these organizations.

Upon completing these studies, SCCHP found that both Latino and African American communities in the South were eager to learn about health and how to reduce health risks.

In February 2008, SCCHP and MSM provided DVDs from the study to risk communicators throughout a six-state region in the Southeast. The DVDs were developed to promote involvement of African American churches in pandemic flu planning. Featuring the expertise of those working

with and in the African American faith-based community, the DVD should help risk communicators better understand how to collaborate with this audience.

Streaming video of the African American faith-based community and public health panel discussions is available on SCCHP's Web site, along with a listing of online resources such as *Responding Faithfully In a Time of Pandemic Flu*, a document offering tips to help congregations prepare to serve their community in the event of an influenza pandemic, and *Pandemic Influenza Preparedness for Faith-Based Organizations*, an online course for communicating with African American populations about health-related issues. Additional materials including a top-ten list of ways to prepare congregations for a pandemic flu event, cultural competence assessments, and a list of faith-based pandemic flu Web sites are also available on the Web site.

To access these materials or for more information, visit: http://www.southerncenter.uga.edu/about_us/publichealth/fbo/

For more information about the Latino project, visit: http://www.southerncenter.uga.edu/projectcores/public/webcast_files/publiccorewebcasts.htm

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program spotlight: on the frontlines of the california wildfires

During a crisis, disaster, or emergency stakeholders play an essential role in reaching the public with life-saving information. Knowing stakeholders' concerns and needs is just as important as knowing those of public audiences. As the nation watched the California wildfires response efforts, Terri Stratton, MPH, Chief, Risk Communication and Professional Training Section, Emergency Preparedness Office, California Department of Public Health (CDPH), was on the frontlines. She recently shared with **The RC** how she and her team were able to address two likely concerns of their stakeholders: inclusion in the decision-making process and access to information. Relationships built during pre-event planning were also pivotal to successful response efforts. In addition to developing its communication plan, the act of planning itself enabled CDPH to build key relationships and better anticipate stakeholders' needs during a real emergency.



The Risk Communicator: When did you first learn of the wildfires?

Terri Stratton: When I arrived in the office on Monday morning October 22, I was notified of a briefing and the intent to open our department's Joint Emergency Operations Center (JEOC).

RC: What were the first steps you took?

TS: I activated our Risk Communication protocols, which involves notification of our response partners including the California Office of Emergency Services Public Information Officer (PIO). I assembled my team and reported to our JEOC and assigned roles to the team to include web support, public information materials, fact sheets, and press releases. I also arranged for CDPH PIO staff to report to the State Operations Center Joint Information Center (JIC) to support the public health information aspects.

We utilized our Crisis and Emergency Risk Communication Tool Kit for procedures, protocols, and template materials. Via the California Health Alert Network (CAHAN), we shared press release templates addressing health concerns regarding smoke with affected local public health departments and issued similar press releases from CDPH. We scheduled calls with local health department PIOs and risk communication leads to share information and to find out what support they needed.

We communicated with the CDC Emergency Communications System (ECS) and shared requests from locals for translation support. Requests for translation of smoke- and ash-related fact sheets and press release templates were divided between CDPH and CDC ECS to expedite the request process.

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program spotlight: on the frontlines of the california wildfires *continued*

Our team participated in daily fire briefing calls and represented public information with state and local partners. We scheduled and held daily conference calls with PIOs from the affected southern counties, CDC's ECS, and the National Red Cross for status update and support for local messaging.

CDPH provided staff support to the State Operations Center (SOC) JIC for public health interface and messaging. We proactively continued pushing out information through press releases and the web while sharing with local health departments and the state JIC for more than a week. We responded to requests for new information regarding masks through collaboration with CDPH subject matter experts. Media monitoring and rumor control provided leadership in developing forward-thinking messages and distributing information to the public when media started looking for someone to blame (government/local officials) for the extent of the fires.

RC: What went right during the response?

TS: Pre-planning, a uniformed approach, and established relationships with partners all greatly facilitated the effective response.

RC: Were there any challenges?

TS: Yes, the California Office of Emergency Services was without a permanent PIO and the person filling in was very unfamiliar with their system as well as ours. Support was pulled in from other agencies and departments. A couple of days into the

response the Governor's Office assumed control over the release of all fire-related messages. This hampered our ability to directly disseminate health-specific press releases.

RC: Did you employ any lessons learned from Katrina or other crisis events?

TS: Absolutely. We utilized lessons learned from Katrina and the 2003 Southern California fires. Special emphasis was placed on communicating with special populations, providing translated information, partnering with local agencies, and utilizing immediate shelters short term. We also used recommendations shared at the 2006 CDPH Best Practices in Risk Communication Summit.

RC: What advice would you give to others?

TS: Plan, plan, plan with partners and then test and refine plans. Build relationships to facilitate rapid and consistent communication, and train partners on protocols, resources, approaches, and tools and then utilize.

When faced with inevitable communication challenges during a crisis, the California wildfires spotlight demonstrates the importance of knowing public and stakeholder audiences, and in being flexible as their needs change. As in many emergencies, working with and through stakeholders enabled CDPH to reach people with consistent messages, appropriately tailored in delivery and design, through a larger number of and more diverse communication channels.

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research summaries: summaries of work from deborah glik and craig lefebvre

Deborah Glik's "Risk Communication for Public Health Emergencies"

In her recent article in the Annual Review of Public Health, Deborah Glik conducts an overview of different research areas and practical applications that have shaped current risk communication theory and practice in the field of public health. Defining the concept of emergency risk communication as "accurate and effective communication to diverse audiences in emergency situations," Glik provides background information on how this particular field came into existence.

According to Glik, the field of emergency risk communication has roots in four specific areas of communication: environmental risk communication, disaster management, health promotion and communication, and media and communication studies. Glik contends that risk communication in the field of public health is relatively similar to risk communication practices in other fields, differing mainly in message content.

The author is encouraged not only by the increasing number of emergency risk communication publications and exercises, but also by the increased visibility of public health agents and the emergency messages they deliver (e.g., during the West Nile and SARS outbreaks, avian flu pandemic preparations, etc.). She stresses that significant progress has been made to include emergency risk communication principles in public health practice. Glik

notes that even though public health professionals are improving upon their risk communication skills and experience, the field requires more in-depth evaluation to assess true effectiveness.

Glik, DC. Risk communication for public health emergencies. Ann Rev Public Health 2007;28:33–54.

Craig Lefebvre's "New Technology: The Consumer as a Participant Rather Than Target Audience"

In a recent article published in Social Marketing Quarterly, Craig Lefebvre introduces and defines new communication technologies and the emergence of what is being called "Web 2.0." Lefebvre explains how new technologies, and social media in particular, can be applied in health promotion programs. Lefebvre's analysis has implications across a wide range of health initiatives including emergency risk communication. He also explains the implications of these new technologies for the behaviors we promote; the products and services we market; the incentives and costs to be considered; and the places where we interact with our audiences.

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research summaries: summaries of work from deborah glik and craig Lefebvre *continued*

The author argues that many communication practitioners initially approach new technologies without recognizing their radical differences from traditional channels that do the same old things. Lefebvre suggests that these new technologies reveal a networked world, one in which the practitioner creates “messages” that reach audiences, but audience members also talk to the practitioner; and, just as importantly, with each other.

Lefebvre contends that new media requires a shift in thinking about how we communicate with our audiences. Though audience-generated content (AGC)—content generated independently by individuals, not through organizations—is not a novel idea, new technologies make it more accessible and broadly disseminated. Our greatest challenge as communication practitioners is the radical change in perspective, acknowledging that audiences are increasingly in charge of what they look at and listen to.

Lefebvre recommends how practitioners should respond to this new world and engage in it through collaboration, sharing, and interactivity. He proposes that the practitioner considers the following five ‘Es’:

- **Engagement:** Are we engaging people in positive and meaningful ways?
 - **Entertainment:** Is there an entertainment value to our offerings?
 - **Empowerment:** Do people believe and feel empowered as a result of their experiences with our programs (products and services)?
 - **Evangelism:** Do we take advantage of every opportunity to let our customers and clients become evangelists? For us? Our programs?
- **Education:** Are we educating people about issues and problems that are relevant to them?

Lefebvre, RC. *New technology: The consumer as a participant rather than target audience.* Soc Mar Q 2007;13

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risk communication opportunities during national observances

August National Immunization Month

Encourage those in your audiences to place a current copy of their family members' immunization records in their preparedness kits. In addition, engage your local media in your efforts to promote seasonal flu vaccination and pandemic flu preparedness. The following resources may be beneficial for you as you plan:

- http://www.who.int/csr/resources/publications/WHO_CDS_2005_31/en/
- http://www.who.int/csr/don/Handbook_influenza_pandemic_dec05.pdf
- <http://www.cdc.gov/ncidod/EID/vol12no01/pdfs/05-1013.pdf>

September 16 Get Ready Day

It's not a matter of if an influenza pandemic will occur, but when. Work with your local leaders to prepare your community for the unthinkable. Get Ready Day is the perfect opportunity to remind your constituents to have an emergency supply kit readily available.

For more information about the day or for Get Ready Tips visit:

- <http://www.getreadyforflu.org>

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

- <http://www.healthfinder.gov/library/nho/nho.asp>

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**upcoming conferences, training,
and workshops of interest to
risk communicators**

August

August 24–27, 2008

National Information Officer's Association
Reno, Nevada

<http://www.nioa.org/tc.htm>

September

September 9–12, 2008

Association of State and Territorial Health Officials (ASTHO) and the National
Association of County and City Health Officials (NACCHO) Joint Conference
Sacramento, California

<http://www.naccho.org/events/asthonaccho2008/>

September

September 15–19, 2008

FEMA's Emergency Management Institute:
E388 Advanced Public Information Officer Training

[http://training.fema.gov/EMICourses/docs/2008%20Web%20schedule%202nd%
20semester.pdf](http://training.fema.gov/EMICourses/docs/2008%20Web%20schedule%202nd%20semester.pdf)

For information about how to sign up, visit:

<http://training.fema.gov/EMICourses/>

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