



The Legal Basis of Public Health

An Individual or Group Study Course in Ten Modules

Module 9 Communication

SS0009



CDC
CENTERS FOR DISEASE CONTROL
AND PREVENTION

The Legal Basis of Public Health

SS0009 - Module 9, Communication

Continuing Nursing Education (CNE)

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The Legal Basis of Public Health

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Course Contents

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About this module

Overview

Accurate and timely flow of information is essential to support public health agency activities.

Effective communication is essential to fulfilling the core public health functions of assessment, policy development, and assurance. The public health system relies extensively on the accurate and timely flow of information to and from public health agencies. Poor communication processes can undo otherwise effective public health efforts.

This module begins with a description of the key principles for effective communication. In the sections that follow, the general principles are applied to the specific contexts of communicating risk and communicating as part of the enforcement process.

Module components

This “Negotiation” module consists of the following components:

- Text and self-study exercises to be completed individually or discussed with your learning community. The exercises are meant to help you absorb what you have just read and immediately apply the concepts.
- A self-check review, found at the end of the text. This will help you assess your understanding of the material.
- Group exercises to undertake with your learning community, found at the end of the text.

Goals

This module is intended to help you as a public health professional:

1. Utilize your communication skills to advance the goals of your agency
2. Improve your agency’s image
3. Appreciate the nature and function of risk communication
4. Participate more effectively within legal and political arenas

Learning objectives

After completing this module, you should be able to do the following:

1. Identify the basic principles for and barriers to communicating effectively and explain how they impact your ability to conduct meaningful and effective dialogue with the media and the public
2. Identify the six key risk communication principles and explain how they can help you inform the public and other interested parties about risk situations so that all can make informed decisions about how to respond
3. Describe how to respond appropriately to inquiries about enforcement-sensitive situations
4. Describe some tips for presenting persuasive testimony and avoiding harmful errors that often occur during depositions, hearings, and trials



Start by networking...

Before you begin this module, you may want to locate “communication experts” who can answer your questions and discuss ideas with you as you work your way through the material. These may be colleagues who have experience testifying in a legal proceeding, presiding over community meetings, communicating concepts of risk, and/or speaking with the media. “Communication experts” might also include those within your agency’s public affairs or governmental affairs office, your agency’s lawyers, or news reporters who routinely cover stories about your health department.

Communicating effectively and persuasively

Information must be transmitted and understood.

Public health agencies routinely communicate with the communities they regulate, the media, the public, other agency personnel, attorneys, judges, and prosecutors. *Webster's Dictionary* defines communication as “the process by which meanings are exchanged...” Thus, successful communication requires not only the transmittal of information but also an understanding of the intended content. If you have not conveyed facts or ideas in a manner which allows your audience to understand your meaning, you have not communicated successfully.

When you communicate with the public, you represent your agency.

Your role as communicator for your agency is a significant one. This may be the only occasion the public has to interact with the agency. As such, your conduct, words, and actions represent the agency in the minds of the public. Establishing and maintaining credibility is therefore of utmost importance. There are several general principles to follow to enhance your credibility.

Seven Basic Principles to Communicating Effectively¹

- Principle #1: Know your communication objectives.
- Principle #2: Know your audience.
- Principle #3: Prepare, prepare, prepare!
- Principle #4: Watch those nonverbal cues.
- Principle #5: Be empathetic.
- Principle #6: Speak simply and in plain English.
- Principle #7: Listen actively.

¹ Monti and Craven

1. Know your objectives.

Keep your objectives in mind at all times.

It is essential to know your communication objectives. For example, in the case study which you will read later in this module in the section on Communicating Risk, the health official had three objectives: to explain what risk levels meant, to persuade homeowners to grant the agency voluntary access to their property to remove contaminated material, and to allay community fears. As simple as this may sound, it is easy to lose sight of your objectives, particularly when you are closely involved with and knowledgeable about a situation.

2. Know your audience.

What does your audience already know and what do they need to hear?

You should always learn as much as possible about your intended audience in advance of a presentation. At a minimum, form an educated guess. Some questions to think about:

- Does your audience have expertise or previous knowledge about the subject?
- What does your audience want to know or expect to hear?
- Are they concerned with broader issues than you expect to discuss?
- How much time do they have to listen to you?
- Do they want to know details or just a broad overview of the topic?



Bringing it home...

Have you ever made a presentation to the public, the media, or other agency personnel? (This does not have to be as a public health official—perhaps as a student or a PTA member.) If so, can you state what your objectives were?

What did you know about your audience before you made the presentation?

What did they know about you (and the agency or organization you represented)?

What did you learn about them during the presentation that you wish you had known beforehand?



Stop and think...

1. Assume you are a health official testifying in a hearing before the local board of health in support of a proposed ordinance banning cigarette vending machines. What are your communication objectives?

What characteristics of this audience might be important to know beforehand?

2. Now assume you are a health official speaking to anxious community residents who are concerned about the risks posed by a noxious cloud of black smoke wafting across their homes from an abandoned dump-site where tires are burning out of control. What are your communication objectives in this situation? How do they differ from the first example?

How does this audience differ from the one in the first example?

3. *Prepare, prepare, prepare!*

Anticipate questions and concerns.

Whether you plan to make a formal presentation at a large community meeting or hold a small discussion with members of a litigation team, it is a good idea to organize your materials and identify the main points you wish to stress. You should identify what the audience already knows or believes, what they will want and expect to hear, and what they need to know in order to gain an informed appreciation of the situation. You should also anticipate their concerns and questions, and prepare appropriate responses.

Audiences may have inaccurate information.

At times you may be dealing with emotionally charged issues. The gap between what the audience wants to hear and what they should be told may be quite large, particularly where false information, fears, and inaccurate rumors have preceded your involvement.

Thorough preparation also means practicing the actual delivery of your presentation. It is a good idea to rehearse in front of a mirror or before a friend or colleague, especially if you are uncomfortable or unaccustomed to speaking before groups.

4. *Watch those nonverbal cues!*

Body language is an important means of communication.

Nonverbal cues include gestures, facial expressions, eye contact, body positioning, and postures. For example, in mainstream American culture maintaining eye contact is a cue that you are speaking truthfully or that you are interested in the person speaking. On the other hand, when you avoid eye contact it is generally assumed that you are either not telling the truth or that you are not sufficiently confident of what you are saying to be credible. If you want to cut off a persistent speaker, you break eye contact. Nodding your head usually signals agreement. This is an excellent cue if you agree with the person, but inappropriate if you do not.

The following is a true story:

John Doe, the leader of a remedial project at a Superfund site, spoke at a community meeting to present the agency's plans for addressing contaminants at the site. Time was also set aside to respond to the public's concerns.

Negative nonverbal cues can defeat the intent of a spoken message.

During the meeting a member of the audience described in sad detail the medical history of her nine-year-old daughter who had been diagnosed with leukemia seven months prior to the meeting. John Doe expressed great sympathy for the mother and her family. Unfortunately, John had a pernicious habit of grimacing whenever he was in an uncomfortable public situation. Unbeknownst to him, John's grimace looked like a mocking smile which seemed to contradict every word he uttered. He was sent by his agency to a training seminar on effective communication, where he watched a videotape of himself making a presentation and his unfortunate habit was revealed to him!

The moral of the story is clear: **how** you communicate is as important as **what** you communicate. You may say you are concerned and interested, but if your nonverbal cues are signaling hostility, impatience, disrespect, a patronizing attitude, or defeat, the content of your spoken words will not be heard.

According to Genie A. LaBorde, a communication expert,

"In interpersonal communications, 7 percent of your meaning is obtained from the listeners' interpretation or perception of your words, that is, what you say; 38 percent is conveyed by the audience's perception of your voice, that is, how you say the words; and approximately 55 percent comes from their interpretation of your nonverbal signals."²

Nonverbal cues can also strengthen a presentation.

The goal is not to eliminate nonverbal cues but to master them. You can use nonverbal cues to emphasize and reinforce your spoken word. If you are unaware of your nonverbal messages and cues, it is sometimes helpful to watch a videotape of yourself making a presentation or ask a trusted friend or colleague to point out any bad habits so you can change them.

² Hersey and Blanchard.



Bringing it home...

What body language and visual cues do you use to reinforce your verbal messages? If you aren't sure, ask a trusted friend.

5. *Be open, honest, and empathetic.*

If you can't disclose information, explain why.

Your agency's credibility will suffer if you seem to be withholding information, fudging the truth, or trivializing the public's concerns. There may be times when you are not at liberty to disclose certain information, either because the information is enforcement-sensitive or because data results are preliminary. (See the section on "Sensitive communications.") In these situations it is helpful to give the reason why the agency cannot disclose the information.

Admit mistakes your agency has made.

Honest communication engenders trust. When an agency has erred or disagreement exists between departments or levels of government, it is usually helpful to discuss the error or basis for disagreement openly, allowing the public to draw its own conclusions. Any benefit to be gained from hiding difficulties is often erased when you are discovered concealing information to protect the agency's interests.

Acknowledge the feelings of the community.

Finally, you must appear empathetic. Empathy does not mean agreement. You can acknowledge the fears, anger, and distrust of the community and at the same time present information to help dispel their emotions. A well-mannered, empathetic communicator will be heard, even if the message is not agreeable.

6. *Speak simply and in plain English.*

Jargon and complicated technical terms can turn your audience off.

To communicate effectively you should speak simply and in plain English. Public health officials tend to use too much jargon, especially if they are inexperienced or uncomfortable speaking in public. Unfortunately, this tendency increases in an emotionally charged situation. While you may think you appear more competent by using acronyms and complicated technical terms, you could actually undermine the public's faith in the government's ability to handle a situation and/or its faith in your willingness to respond to the public's needs.

Keep explanations simple but do not patronize your audience.

Use simple words and offer appropriate examples familiar to your audience to illustrate your meaning. However this does not mean that you should simplify the *content* of the message. Most people will respond negatively when they believe they are being patronized.

If you feel ill at-ease when speaking to the media or before a crowd, you could turn such nervousness to your advantage. As long as you are well-prepared and display confidence that you are doing your best to protect the public's health, you will probably have more credibility than a smooth-talking government bureaucrat.

7. *Listen actively*

Listen for the unspoken messages behind your audience's questions.

Active listening requires more than simply noting the words that are spoken. It also involves listening to the tone and the choice of words used to describe opinions, facts, or events. It includes deciding whether the audience is asking questions to elicit information, to make a statement, or even to show the agency in a bad light. By actively listening, you gain insight into the feelings and emotions of your audience.

Barriers to effective communication

In addition to not following the principles outlined above, the following barriers can prevent effective communication.³

³ Robbins.

Seven Common Barriers to Effective Communication

Filtering the message
 Selective perceptions
 Emotions
 Information overload
 Time pressures
 Language
 Nonverbal cues

1. Filtering the message

Full disclosure of information at the outset is preferable to holding back.

People sometimes manipulate or filter information to make it appear more favorable to the receiver. This is often encouraged to keep problems from reaching upper management. Unfortunately, it can have adverse consequences where full disclosure is necessary. For example, filtering may make information about an enforcement case look more favorable to the agency's attorney than it really is. The truth could be discovered at an untimely moment in the litigation, when it is too late for damage control.

2. Selective perceptions

People hear what they want or expect to hear.

Selectively hearing information according to one's needs, motivations, experience, background, and other personal characteristics is another hindrance to effective communication. In other words, people sometimes hear only what they want or expect to hear. Another pitfall is projecting one's own interests and expectations into the message. Both of these are difficult barriers to overcome, but if you know your audience and its biases, you can anticipate the possibility of their selectively receiving or interpreting information.

3. Extreme emotions

Emotions cloud understanding, but can also point to deeper interests.

Extreme emotions may color how a message is interpreted, and then critical decisions might be made based on irrational feelings, rather than rational thought and attention. You can often diffuse the intensity of emotions by addressing their cause. If you discover your audience's real interests as opposed to their stated positions, you will have a better understanding of the source of their emotions. (See the discussion on the differences between interests and positions found in Module 8, Negotiation.)

4. *Information overload*

Your message can get lost if you present too much information.

An audience that is being given more information than it can absorb may tune out details and listen selectively, and therefore may miss the critical parts of the message.

5. *Time pressures*

Your audience may not have time to hear the full story.

Gone are the days when neighbors gathered leisurely spinning long yarns into the night. We now live in a culture of “sound bites.” Complicated messages often have to be abbreviated for audiences under great time pressures. This presents the danger of communicating ambiguous or incomplete messages.

Convey the essential points, then let the audience ask questions.

The following advice will help you avoid problems associated with time pressures:

- Decide which are the most salient points, that is, the points that absolutely must be transmitted to provide a complete outline of the situation. Write these points down and plan how you will return to them if questions lead the discussion elsewhere.
- Leave out extensive historic background, scientific explanations or tangential issues for the moment.
- Stop and let the audience ask questions.
- Listen for their real concerns and what additional information they need.
- In other words, do less talking and more active listening.

6. *Language*

Be sure you and your audience assign similar meanings to key words.

We have already considered what happens when you use jargon to convey your message. You should also be aware that commonly used words are sometimes assigned a different meaning by your audience because of differences in age, education, cultural background, or experience. Another issue to consider is whether there are people in the audience whose first language is not English, indicating the need for an interpreter.



Bringing it home...

Do you recall the last time someone was trying to explain something to you and you had trouble absorbing or accepting the information? What do you think prevented you from hearing and understanding the information being conveyed?

Have you ever tried to communicate information and felt you did not get through to the audience? Could any of the barriers listed above have been the problem? How might you have done things differently?

Communicating risk

Public health officials communicate risks associated with food, environment, and lifestyles.

Communicating risk is among the most important and challenging of public health functions. In a regulatory context, the level of risk presented by environmental or food contaminants must be explained. In an effort to promote healthy lifestyles, risk communication is used to discourage potentially dangerous behavior, such as unsafe sexual practices or abusing illicit substances.

One-way transmission of scientific information rarely succeeds in conveying risk.

Frequently, government officials think risk communication means bringing the public's perception of risk closer to the "true" scientific determination. Under this view, the content of the message is technical in nature, "truth" is technically defined, and communication flows in a one-way direction from government to the public. According to Sheldon Krimsky and Alonzo Plough,⁴ approaching risk communication from this perspective seldom results in success.

Communication about risk occurs in many places and flows in many directions.

Based on their studies of environmental risk communication events, risk communication experts Krimsky and Plough found that information rarely, if ever, moves solely in one direction from the expert agency official to the "uninformed" public. Instead the exchange of information occurs simultaneously in multiple venues and flows in multiple directions. In addition to government, many others assess risk, both formally and informally, including industry, other agencies, community experts and activists, and directly affected community members. Each group may be communicating with other groups and with the media. The media in turn may be filtering the message to accomplish their own "news" objectives.

Communities have multiple concerns that go beyond health and scientific truth.

A risk event thus occurs within a rich and complex social, political, and historical tapestry. It is entirely appropriate for the community to be concerned not only with potential health concerns but also with social, political, and economic ramifications. They may also have ethical, fairness, and philosophical concerns. Krimsky and Plough call this "cultural rationality." Neither the agency's "technically rational" view nor the community's "culturally rational" view is more valid or correct; each is based on the perceptions of the holder and calls for mutual respect.

⁴ Krimsky and Plough.

Education for decision-making is the real goal of risk communication.

The goal of risk communication using this perspective is therefore to educate all interested parties, including your own agency. While you can neither control, correct, nor take responsibility for the sociopolitical context within which risk communication occurs, you can recognize, understand, and empathize with factors that may influence the public's opinion of the situation. Your attitude will help ensure that the technical facts are appropriately heard. The public will then be in a better position to make informed decisions about how to respond to the risk.

Key Risk Communication Principles

Time the communication event properly.
 Respect the "Outrage Factors."
 Make fair comparisons.
 Present risk estimates several ways.
 Work to establish and maintain credibility.
 Acknowledge the limits of risk assessment.

1. *Time the communication event properly.*

Get involved early in a risk communication situation.

According to Krinsky and Plough, timing is a key variable in the success of a risk communication. Because assessments and communication occur spontaneously and simultaneously in multiple venues, it is important to provide factually accurate information as early as possible. You should continue to communicate with the public and the media throughout the course of your agency's involvement.

2. *Respect the "Outrage Factors."*

Peter Sandman⁵ and others have found that public reaction to a risky situation depends on several perceptions, which he calls "Outrage Factors."

Conditions under which risk is more acceptable

- Voluntary risks are accepted more readily than those that are imposed.
- Risks that are under an individual's control are accepted more readily than those under government control.
- Risks that seem fair are more acceptable than risks that seem unfair.
- Risk information that comes from trustworthy sources is more readily believed than information from untrustworthy sources.

⁵ Sandman.

3. *Make fair comparisons.*

Because risks undertaken voluntarily are more readily accepted than risks imposed by others, you should be careful about how you illustrate comparative risks. For example, it would not be fair to compare the risk of dying in a ski accident with the risk of dying from eating contaminated meat.

Appropriate risk comparisons include:

- The same risk event at two different times
- Comparison of risk numbers with a government standard
- Comparison of how the situation compares with similar data for other communities or the national average

4. *Present risk estimates several ways.*

Showing risk in ways that make it seem both large and small increases the sense of objectivity.

Most people are not familiar with risk and probabilities and need some background information to place a risk in perspective. Using graphs and charts often helps to get the message across. Another technique is to present the risk values in several different ways. For example, you could say that living in the vicinity of a superfund site increases one's annual chance of contracting cancer from 1 in 10,000 to 1.3 in 10,000. It would be equally accurate to say that it would raise the annual morbidity risk by 30%. Expressing risk in terms that make it seem small coupled with ways that make it seem large makes the presentation appear more objective and credible.

5. *Work to establish and maintain credibility.*

Trust and credibility are difficult to obtain and almost impossible to regain once lost. The following are hints for establishing and maintaining credibility:⁶

- Do not ask or expect to be trusted. Trust will come if earned.
- If you don't know or are uncertain, say so.
- Lean toward sharing **more**, not less, information.
- Take the time to coordinate with other groups and organizations.
- Devote time and resources to the difficult task of building bridges with other agencies.
- Try to communicate jointly with other credible sources. Few things make risk communication more difficult than conflicts or public disagreements with other credible sources.

⁶ Covello and Allen.

6. *Acknowledge the limits of risk assessment.*

Risk assessment is inexact and risk estimates vary.

By engaging your audience in a discussion about the inexact nature of the risk assessment process, you will help clarify misunderstandings caused by differing study results. This means that you should present the range of risk estimations for a particular situation, along with a brief non-technical explanation of why the estimates vary. If an industry expert published data with estimates of risk which differ from your agency's, both results should be presented with an explanation of the assumptions used by each that caused the results to differ.

The following case study illustrates many of the pitfalls and complications in communicating risk. The discussion that follows the case study offers valuable lessons about what to do and what to avoid.

Case study: Survey of radioactively contaminated sites in a local community

Putting risk in its historical context

In the spring of 1995, the Northern Lights County Public Health Department participated in a survey of its township to identify radioactively contaminated areas. The community was contaminated in the early 1960's when radioactive "dirt" from a thorium processing plant was used by local residents and township officials as fill for gardens, streets, and curbs and to create a park out of an old quarry. The radioactive deposits had been an extremely volatile political issue ever since the mid-1970s, when a high school physics teacher first discovered the contamination.

The 1995 survey was extensive. The interiors and exteriors of homes were tested, along with all city streets and alleyways, and the local community park. The survey took two months to complete. The data were analyzed and a draft report prepared in July 1995. Several more months passed before the report became final.

In March 1996, the agency held a public meeting to present the survey results. The media and community residents were invited to attend.

Agency objectives	<p>The public health officials took great care preparing for the meeting. The agency's health physicist was selected as chief spokesperson. Her three objectives were to:</p> <ol style="list-style-type: none">1. Explain in lay terms what the risk levels meant2. Persuade homeowners to give the Department voluntary access to their properties to excavate contaminated soils3. Allay community fears
Scientific explanation and comparison of risks	<p>The health physicist presented her testimony as planned. Using charts and graphs, she explained the thorium-series decay chain and the health threat presented by thoron gas, an alpha emitter. She then showed a colorful bar chart which compared the risk of the contamination to driving a car, living in Denver, and getting a chest x-ray. These comparisons were supposed to demonstrate that the radioactive material presented reasonably acceptable levels of exposure but nevertheless were an unnecessary source of radiation exposure; and, therefore, prudence required that it be abated.</p>
Remediation plan	<p>Finally, the speaker presented the agency's remedial plan, asking the community to be cooperative and patient. The plan covered a twenty-four month period. Large areas of the community park and approximately thirty residential lawns were to be excavated in the first twelve months. In the second year the agency planned to decontaminate ten of the most highly contaminated homes. The homes were built on top of radioactive fill and required extensive excavation around and beneath their foundations. During the last four months of the project, the agency would excavate contaminated streets and alleyways, rerouting traffic around the work areas.</p>
Community reaction and concerns	<p>The presentation was met with extreme and unanticipated hostility. Some business leaders, encouraged by a few homeowners, shouted that there wasn't any problem. No one had gotten sick even though the material had been in the community for over thirty years. A young mother whose son was diagnosed with cancer wanted to know whether the radiation caused his illness. The township's park director decried the need for a clean-up plan that would take two years and cost over one million dollars. He claimed that with a couple of shovels and a dump truck, his men could remove the "hot spots" in an afternoon and rid the area of this constant plague. Finally, the media demanded to know why it had taken twelve months to release the study results.</p>

The meeting went on in this vein for two hours. After it was over, the emotionally drained and physically exhausted agency spokesperson tried to figure out what went wrong.



Stop and think...

Before reading ahead, take a moment to write your own analysis of the mistakes made by the health physicist in the above case study. Use the principles of effective communication outlined in the first section.

What did the agency do wrong?

The following is a discussion of some of the things the agency did wrong. You and/or your group will likely find additional errors and lessons to be drawn from this exercise.

The agency's delay in communicating undermined its credibility.

1. The long delay in communicating with the public about the risk was detrimental to the agency's credibility. Approximately twelve months elapsed between the time the agency first collected the data and the public meeting. During that time, there was substantial opportunity to form opinions based on incomplete and inaccurate information. The agency should have anticipated that its survey would raise questions and concerns within the community. A better approach would have been for the agency to begin risk communication activities prior to its field activities and to communicate with the public throughout the process.

Active listening

2. The health physicist failed to actively listen to her audience. For example, the media's question as to why it took the agency so long to release the data implied that the agency may have been withholding information or hiding the truth from the public. Had the spokesperson listened to the question, she could have dispelled the inference by explaining the process and length of time it takes to verify and assess data before it can be released to the public.

Community perceptions differed from the agency's.

3. The health physicist was not prepared for the community's perceptions of the problem. She assumed their concerns coincided with the agency's. Had she appreciated the concept of "cultural rationality," she would have been ready for the range of responses and the level of emotional intensity expressed at the meeting.

Ethical, social, political, and philosophical considerations formed the community's opinions.

The case study illustrates some of the broader ethical, social, political, and philosophical considerations which inform "culturally rational" opinion. In addition to health risks, community attention was also focused on issues of fairness and equity (Why does my community suffer a disproportionate share of health problems?); about the opportunity to participate in the decision-making process (Why is the government dictating a solution to us? We know what's best for our community.); about frustration with abstract statistical concepts (What do all the risk numbers mean for my children? Will my child get cancer?); and about pragmatic concerns (Will this renewed attention lower my property value? Will the remedy create jobs in the community?).

Consider the social and historical context.

When preparing for the meeting, the health physicist should have considered the social and historical context within which events unfolded. The radioactive "hot spots" were detected twenty years earlier and had long been a source of frustration to the community. Many residents were resigned to their existence and were most upset about a potential drop in property values with the agency's renewed attention to the problem.

Adding to the community's frustration was their sense that the community was unfairly singled out, first because the problem went unaddressed for a long period of time and then because the agency was renewing media attention to the community's plight.

Communities need to feel they are treated fairly.

The meeting would have run more smoothly had the official acknowledged their concerns and explained any activities undertaken during the twenty-year period. She could also have explained why there was suddenly renewed attention to the problem. To overcome the perception of inequity, she could have described the history of the clean-up program, how the agency prioritizes sites to receive clean-up funds, the number of other communities waiting for similar problems to be addressed, and so on.

Tailor the message to what the audience requires.

1. Prior to the meeting, the health physicist should have determined what risk information the public and the media wanted and in what form. Her lengthy explanation of the thorium-decay series and the health hazards of alpha emitters was more technical information than the audience really wanted.

Before addressing the public and the media, it is helpful to meet with representatives of the community—for example, the mayor, one or two business leaders, and/or a community activist. Keep in mind, however, that their viewpoints represent only a segment of the community. You should also consult with seasoned colleagues to learn of their experiences with the press and communities in similar situations.

Make appropriate risk comparisons.

2. By comparing the risks from radiation exposure to driving a car, living in Denver, and getting a chest x-ray, the health physicist violated the first "outrage factor"—comparing risks which the community might voluntarily undertake to a risk that has been imposed upon them. Her message would have been better received had she compared the exposure levels to standards set by the government for exposure to various radiation sources.

- Provide some control over the risk.
3. It would have been helpful to give the community as much control over the situation as possible by identifying measures individuals could take to minimize their exposure to the radioactive material. The agency could have also involved the community in the decision-making process. At a minimum, it ought to have set up a number to call for information or to report problems.
- Risk assessment is not an exact science; it is based on opinion.
4. The goal of risk communication is not to achieve community consensus or agreement with the agency's position, but to provide sufficient information to enable individuals to form their own opinions about the nature of a risk. An agency's determination that a situation presents a "reasonable risk" or an "acceptable risk" is just an opinion, one that a community may not agree with. Rather than state that the radioactive contamination presented "reasonably acceptable levels of exposure but nevertheless was an unnecessary source of radiation exposure; and, therefore, prudence required that it be abated," the health physicist should have presented the upper and lower bounds of risk estimates and let community members form their own opinions about the acceptability of the risk.
- Credibility is golden.
5. The case study illustrates the importance of establishing and maintaining credibility with the public. By the time the agency met with the community, it had already lost most of its credibility. The spokesperson fought hard but could not regain lost ground.

Communicating with the media

The media can be a valuable ally in public health communication.

Media inquiries about public health problems or agency activities should be viewed as opportunities rather than burdens. An astute agency can use the media to educate and inform the public, gaining needed support for activities which too often go unnoticed or are undervalued.

The following tips will help make a media inquiry a positive and rewarding experience for your agency:⁷

Newspapers, radio, and television need different kinds of information.

1. Be open and accessible to reporters, respect their deadlines, and always return their phone calls promptly. If you are uncomfortable speaking to the media, then refer the call to someone in your agency with responsibility for answering their inquiries. Remember, if you are involved in a newsworthy event, the media will get their story, if not from you then perhaps from a less credible source.
2. Provide information tailored to the needs of each type of media:
 - Newspaper reporters want details. You should offer to fax a diagram or a couple of pages with pertinent information.
 - Radio reporters want “sound bites.” They will often record a lengthy discussion to air ten or twenty seconds of news. Savvy public figures prepare “sound bites” in advance of an interview to ensure that the most important material is aired. Practice putting the essential points of your message into 20-second sentences.
 - Television reporters want visuals. They may want to take pictures of a scene and interview you on camera. You should try to cooperate to the extent feasible. Where there are safety or trade secret reasons for not permitting them to film, be clear why they cannot film.
3. Prepare in advance and provide background material on complex issues.
4. Follow up on stories with praise or criticism. If significant reporting errors were made, demand a correction.
5. Establish a long-term relationship of trust with specific editors and writers.

⁷ Illinois Environmental Protection Agency.

How to avoid media problems⁸

1. Know your communication objectives and make the points your agency wants made. If the right question is not asked, tack your message onto the answer to another question.
2. If a situation is controversial or the reporter has a reputation for inaccurate reporting, have a second person listen to the interview or tape record the conversation.
3. Reporters may try several different techniques to get a story. Watch for the following:
 - Holding a microphone in front of your face hoping you will say more to fill the silence. Fill the silence by asking them if they have any other questions.
 - Repeating questions in the hope of getting a different answer. Respond by saying you have already answered that question.
 - Asking a vague, open-ended question. For example, “As a result of your investigations, what do you think will happen to the nursing home?” Ask the reporter to clarify the question.
 - Asking questions that contain partial truths or false assumptions, along the line of “When did you stop beating your wife?” Reject any false assumptions and restate the question neutrally.
 - Asking questions based on a hypothetical situation, such as, “If the hamburger turns out to be the source of the food poisoning, will the butcher lose his license?” Respond only to facts as they are currently known. “Right now we are still investigating the source of the problem. Once we know what we are dealing with, action will be taken to prevent future outbreaks of food-borne illness.”
 - Asking “either-or” type questions, such as, “Will Mrs. Jones be committed involuntarily or will you allow her to continue living in her home?” Tell the questioner that this is not an either/or situation and present other possible alternative explanations. “We are talking with family members to find Mrs. Jones a safe, alternative living arrangement.”

⁸ Monti & Craven.

- Asking for comment about statements made or findings announced by people who are not present. If you are not familiar with another's statements or findings, say so and decline to comment further.
4. Never, **ever** lie.
 5. Don't say, "No comment." This terse response looks as if the agency is trying to hide something. If you are unable to comment, say so, and give the reason why. "I cannot answer your questions as this matter is in litigation." or "We don't have complete information yet. We are continuing our investigation." If you don't know the answer, say so, and promise to find it out. Then do so and call the reporter back.

Learn from your mistakes

No one can do everything perfectly. Public health officials should consider each media contact as an opportunity to gain new skills. After an interview, it is a good idea to evaluate your performance. Ask yourself what went well and what you could have done better.



See Group exercise 9.1 at the end of the module.

Enforcement-sensitive situations

Know your agency's policy about communicating when litigation or a criminal investigation is under way.

Occasionally you may receive inquiries from the public or the media related to a matter that is in litigation or a criminal investigation that is under way. You should thoroughly acquaint yourself with agency policy regarding enforcement-sensitive communications in preparation for the day when you are asked about such a situation. This section discusses some typical circumstances which can cause difficulties if you are unprepared. (See Module 2, Data Collection and Surveillance for discussion of confidentiality and public disclosure of medical records, proprietary information, and other sensitive data.)

Matters in litigation

When inquiries are made by the media or the public about matters that are in litigation, coordinate your response with the legal office that is prosecuting or defending the case. This will avoid costly embarrassment. Some attorneys may prefer that all such inquiries be directed to their office for a response.

Coordinate responses with the legal office, especially when public records are requested.

Coordination is especially important when a request for documents is made pursuant to your state's Freedom of Information Act or the equivalent "public records" provisions. The federal Freedom of Information Act exempts "investigatory records compiled for law enforcement purposes" from public disclosure if producing such records would:

- Interfere with enforcement proceedings
- Deprive a person of the right to a fair trial or impartial adjudication
- Constitute an unwarranted invasion of personal privacy
- Disclose the identity of a confidential source
- Disclose investigative techniques and procedures
- Endanger the life or safety of law enforcement personnel

State "public records" rules may contain similar provisions. When a matter is in litigation the parties exchange documents pursuant to the discovery rules which govern civil or criminal proceedings. (See Module 6, Enforcement.) A party that is denied access to records under the discovery rules may try to circumvent the process by seeking access to the documents via the state's public records act. Before responding to such request, your agency's legal counsel should be consulted on how to proceed.

Criminal investigations

Agencies may not want to disclose that a matter is the subject of a criminal investigation. First, they may want to protect the target of the inquiry, whose reputation could be unfairly tarnished if the information became known. Second, they may need to preserve evidence that could otherwise be altered or destroyed if the government's activities were made public. Third, they want to protect the integrity of the investigation itself.

It's best to neither confirm nor deny that a matter is under investigation.

The policy of the U.S. Environmental Protection Agency is to state that "the agency neither confirms nor denies the existence of a criminal investigation." To be effective, this response must be given consistently and uniformly any time a question arises about the possibility of a criminal investigation. If used only when such an investigation is under way, the policy loses its effectiveness.



Stop and think...

What is your agency's policy with respect to communicating about matters when a criminal investigation is under way? How can you find the answer to this question?

Testifying at a public hearing

If you are asked to provide expert testimony in support of proposed federal, state, or local laws or regulations, the following advice should help you make the greatest impact in the comparatively brief period of time that you will have to make your points.⁹

Try to brief members before the hearing.

1. Whenever feasible, you should discuss your agency's views and positions with members of the deliberating body before the actual hearing. Briefing them beforehand will allow supportive members to ask you friendly clarifying questions during the hearing, which will help expand the scope and impact of your testimony.

Prepare written testimony and outline oral testimony.

2. You should always prepare both written testimony and an outline of your oral presentation. The written testimony may be of greater length and detail than the oral presentation. If your testimony includes statistics to support your position, include them in your written testimony. Only the most vivid and dramatic numbers should be repeated in your oral statement. Be familiar with your written testimony, however, so that you can go directly to the correct page if questions asked at the hearing broaden the scope of your testimony.
3. Make sure your testimony is directed only to the issue under consideration. Your written and oral testimony should address the following:
 - Who you are
 - Whom you represent
 - What you are being asked to testify about and which side of the issue you represent
 - The facts that support your position
4. Copies of your testimony should be made available to members of the press at the hearing.
5. Your oral statement should be short, accurate, and lively.

⁹ Citizens Information Service of Illinois, and *Manual of Public Interest Lobbying in Illinois*.

Make your important points first.

6. Make your most important points first. Then if you run out of time, the most significant testimony will have been presented. Also, try not to read your statement. With practice you should be comfortable delivering your testimony using only a written outline to ensure that no important points are omitted.

Add to what's already been said.

7. If you are testifying late in the hearing, do not repeat earlier statements made by other experts. Instead you should add significant new points, while indicating support for the earlier statements. It is, therefore, important to take notes of what was said by witnesses testifying before you.



Stop and think...

One of the best ways to prepare for a hearing is to attend one. This will give you a feel for the experience, its tone, the proper demeanor, and what generally to expect. How might you find out about rule-making hearings that will affect your agency?



See Group exercise 9.2 at the end of the module.

Testifying as a witness

You may be asked to provide testimony under oath either in a trial or in a deposition. At a trial, you will usually be giving testimony to support a case brought by the government. At a deposition, the opposing side will be questioning you before the trial begins, to find out what information the government already has.

Depositions

The deposition takes place before the trial.

A deposition is a statement taken under oath and “on the record.” It is initiated by a subpoena naming the date, time, and location where you are required to appear to give the sworn statement. The subpoena may also list records and other documents you are to “produce” or bring to the deposition.

Notify your attorney as soon as you receive a subpoena.

Upon receiving a subpoena for records or a deposition, you should notify your agency’s legal office immediately, since there is usually a short period of time between serving the subpoena and the date of the deposition. If there is a legal basis upon which to “quash” or void the subpoena, your attorney may attempt to do so; otherwise, the two of you will begin fairly quickly to prepare for the deposition.

Preparation for the deposition includes:

- Compiling and reviewing all pertinent documents and other evidence
- Planning how to respond to anticipated questions from the opposing attorney
- Discussing any weaknesses or difficulties in the government’s case
- Preparing to present simple descriptions of technically complex concepts
- Deciding how to handle any exhibits, such as maps or photographs that are to be used during the deposition

In contrast to a hearing or trial, a deposition is not taken in a courtroom. The proceeding usually takes place in the office of the opposing attorney without a judge, but in the presence of a court reporter or a tape-recorder. Your attorney will also be present.

The opposing attorney does the questioning, under the watchful eye of your attorney.

Most of the questioning will be conducted by the opposing attorney; and the tone may be friendly and congenial or tense, depending on the strategy and skill of the attorney. Your attorney's role is mainly to protect you from unfair or confusing questions or from questions that may fall outside of the very broad scope of permissible inquiry. In rare instances your lawyer may ask a few questions to clarify a response, but generally his or her main function is to ensure fair questioning by the other side.

Some points to remember when giving a deposition:

- Speak as clearly as possible.
- If you will be using acronyms, government jargon, or technical terms extensively, provide the court reporter with a glossary.
- Always pause before answering a question to give your attorney time to object. If your attorney objects to a question, do not answer it. Remain silent until the attorneys have debated the point and your own attorney instructs you to answer.
- Listen carefully to the question being asked. If you do not understand the question, ask to have it repeated or explained. Do not try to guess the meaning.
- Your answers should be short, succinct, and to the point. Make the opposing counsel "work" for the information. Do not volunteer additional information. If your own attorney feels that a fuller explanation is needed, he or she will have an opportunity to ask you to add to your response.
- Remember that your words will be transcribed into a written document. Therefore, when referring to exhibits, ask yourself whether a reader will be able to follow your testimony. If you are pointing out an object on a photograph, a reader will not understand if you simply say, "Here it is, right here." Rather, your narrative should be descriptive, "In the upper right hand corner of the photograph, you can see a yellow object that looks like a 55-gallon drum..."
- Do not discuss the deposition during breaks with anyone except your own attorney. The conversation should be held in private, out of the earshot of everyone else.



Stop and think...

1. Why would your own attorney refrain from asking you questions during a deposition?

2. Name several ways the opposing attorney may use the information he or she obtains from you.

Possible answers:

2: To see what other witnesses s/he should depose. To find out about the existence of other documents. To see what you are likely to say at trial. To see whether you would make a credible and convincing witness at trial. To prepare a defense to allegations that the government intends to make. To assess whether or not to settle the case. To commit you to a version of the story.

Trials

Knowing what to expect at a trial will alleviate anxiety.

While appearing as a government witness at a trial, you will be subject to “friendly” questioning by the government’s own attorney first and then cross-examination by opposing counsel. The thought of testifying as a witness in a trial often creates anxiety for those who have little or no courtroom experience. This section is intended to help alleviate some of that anxiety by describing the phases of testimony and what is expected of you during each phase. It also provides some general tips to improve your testifying skills.



Stop and think...

One of the best ways to prepare for a trial is to attend one. How can you find out about trials that are held in your area?

Phases of Testimony

Trial preparation
Direct examination
Cross-examination
Re-direct examination
Re-cross-examination

Trial preparation

Preparation for a trial is thorough and very detailed.

As with a deposition, you will work closely with your attorney to prepare for the trial. Preparation includes:

- A thorough review of all pertinent documents
- Detailed discussion of your role and involvement with the subject matter. This will help the attorney prepare the questions to ask you during direct examination.
- Frank discussion of any weaknesses in the government’s case and how to mitigate the problems. This, of course, should be discussed long before the eve of trial.
- Discussion of any cues the attorney may use to signal that you have omitted some important information. One common cue is for the attorney to ask, “Is there anything else you would like to say?”
- Discussing what you should expect from your own attorney, from the judge, and from the opposing counsel. Care should be taken to prepare you for likely areas of cross-examination.
- Creation of and practice using demonstrative exhibits, such as maps, graphs, and photographs.

Direct examination

Direct examination is when you tell your story to support the government’s case.

As a government witness, ordinarily you will first be called to the stand to testify under direct examination. In direct examination the government attorney will ask you short, non-leading “friendly” questions. Your answers are part of the evidence the agency presents to make its case to the trier-of-fact (judge or jury). The line of questioning is intended to ensure that your testimony is heard in a manner most favorable to the government. The government attorney will discuss the scope and direction of the direct examination questions with you as part of your trial preparation.

Cross-examination

In cross-examination, the opposing attorney tries to discredit your testimony.

Immediately upon completion of the direct examination, the opposing counsel will have an opportunity to cross-examine you. The right to cross-examination is fundamental to our adversarial system. It is through challenging each witness that the “truth” is ferreted out.

During cross-examination, the opposing counsel will question you about matters discussed during direct examination, in an attempt to cast doubt on your testimony or to diminish your credibility as a witness in this matter. Cross-examination is that part of the trial most feared by witnesses. Fortunately for you as a witness, it is also the most difficult part of the trial for attorneys and most do a poor job of it at best.

Some of the more common ways that your credibility as a witness may be diminished are by:

Preparation will make cross-examination easier.

- Challenging your expertise
- Challenging your memory or ability to recall the event
- Challenging your opportunity to have seen, heard, or otherwise witnessed an event in question
- Pointing out inconsistencies in prior statements you have made, whether under oath in a deposition or otherwise
- Demonstrating that you are biased and/or have a substantial vested interest in the outcome (e.g., a financial or emotional interest or a special friendship or business relationship to protect)

In cross-examination, you'll probably only answer "yes" or "no."

An effective cross-examination consists of a series of short directed or "leading" questions, worded in such a way that you have little choice but to answer "yes" or "no." A good cross-examiner will never ask a question to which he or she does not know the response. Through pre-trial discovery, including your deposition, the attorney should be reasonably certain of your responses. Below is an example of an effective cross-examination.

--Ms. Smith, isn't it true that during direct examination you testified that as you entered the intersection you saw the car approaching from your right?

--Yes.

--And isn't it also true that you testified that this car failed to stop and instead "went right through the red stoplight"?

--Yes.

--Now you were in the middle of the intersection when you first saw that car approaching, isn't that so?

--Yes.

--And you also testified that your stoplight was turning yellow at the time you saw the car approaching your passenger door, is that right?

--Yes.

--Isn't it also true that during your deposition you stated, "I did not look to see the color of the stoplight for traffic approaching from the opposite direction"?

--Yes.

--So isn't it correct that even though you testified that Mr. Jones "went right through the red stoplight," you never actually saw the color of his stoplight?

--Yes.

--No further questions.

A poorly worded question will often open the door for the witness to re-affirm, perhaps even more convincingly, that to which he or she testified to during direct examination. In the above example, an inexperienced attorney might have asked the witness the final question with a lethal "How."

--So Ms. Smith how do you know Mr. Jones' stoplight was red?

--Because there was a police car in traffic immediately behind Mr. Jones' car and when the officer got out of his squad car to assist me immediately after the accident he said, "Boy, that fellow blew right through the red light!"

Re-direct examination

Re-direct examination allows you to clarify "yes" and "no" answers.

During re-direct examination the government's attorney can ask follow-up questions to answers you gave during cross-examination. Thus, if you were limited to simple "yes" or "no" responses during cross-examination, leaving an unclear or incorrect impression, your attorney can ask you to explain your response more fully or clarify any discrepancies. The scope of re-direct examination is generally limited to matters that were discussed during cross-examination.

Re-cross-examination

As you might guess, re-cross-examination is the opportunity for the opposing attorney to ask you any follow-up questions necessary to challenge matters explained during re-direct examination. The scope of re-cross-examination is limited to matters that were discussed during re-direct examination.

Tips for testifying effectively

Many of the suggestions given for testifying effectively during a deposition are also applicable to testifying at a trial, especially those referring to complex terminology, giving attorneys time to object, and asking to have questions explained if you do not understand. Additional tips are:

Review documents, notes, and records exhaustively.

- Preparation is essential. You should conduct a thorough and detailed review of all documentation prior to the trial. If your field notes, records, and other pertinent documentation were written with sufficient detail at the time of the event, they will enable you to refresh your memory as a trial approaches. (See the section on Gathering Evidence in Module 6, Enforcement.)

Do not memorize your testimony.

- While you should be thoroughly acquainted with the information to be covered on the stand, do not memorize your testimony. Just be familiar enough with the subject matter to answer the questions that will be asked. Your attorney's job is to elicit information from you and to ensure that you do not leave out important material.

Be sincere and confident.

- When testifying, you should convey the feeling of a confident, sincere, neutral witness who is simply trying to do a good job of protecting the public's health. Because of your position, you will begin the trial with great credibility.

Learn to control your temper to protect your credibility.

- Do not get angry or lose your temper, especially during cross-examination. If you are prone to anger, fidgeting, or nervousness, the opposing attorney may try to exploit this to diminish your credibility as a neutral witness. It is helpful to rehearse a cross-examination with a colleague who should deliberately try to rile you. This may give you some ideas on how to remain calm and in control of your temper, such as shifting your position and/or taking a slow breath before answering. Another trick is to respond in a very calm, soft voice to someone who is trying to get you to lose your temper.
- To convey the proper image, speak clearly and address the judge or jury. Maintaining eye contact adds to your persuasiveness.

Answer questions simply and honestly.

- When asked a question, you should answer carefully, honestly, and to the best of your ability. Do not worry about why the attorney is asking the question or whether your answer is "correct." Do not try to out-guess or out-manuever the opposing attorney.
- If your testimony involves scientific terms or government jargon, be sure to explain such terms and acronyms. Complex words should be spelled slowly for the court reporter.

In direct examination, answer questions fully; in cross-examination, answer succinctly.

- As a rule, on direct examination you should explain your answers fully. This does not mean that you should ramble on and on, but you should take time to explain your points and educate the judge or jury. Many of the issues you deal with in public health are complex and the layperson needs background explanation.
- As in a deposition, on cross-examination your answers should be short, succinct, and to the point. If your answer requires more than a simple “yes” or “no” response, you should ask permission to explain more fully. You will either be directed to explain at that time, or your attorney may come back to the question during re-direct examination. Either way, you have alerted your attorney and the court that you believe a fuller explanation is warranted.
- Stay within the limits of your knowledge and expertise.

Be sure your oral testimony will be understandable in written form.

- As in a deposition, speak in such a way that your testimony will be understood when it is transcribed into a written document. The written document, or transcript of the hearing or trial, will form the basis upon which a decision will be made and may form the basis for an appeal.
- Finally, throughout the hearing or trial you should dress and behave in a comfortable but businesslike manner.



Review of terminology...

Take a moment to review your understanding of your reading by writing a short definition of each of the words/phrases below.

cross-examination

cultural rationality

deposition

direct examination

enforcement-sensitive information

nonverbal cues

outrage factors

re-cross-examination

re-direct examination

subpoena

Self-check review

Check your knowledge of the preceding material by answering the questions below.

1. “Knowing your audience” means you can:
 - A. Tell your audience exactly what they expect to hear
 - B. Simplify the context of your message to keep the audience’s attention
 - C. Anticipate audience questions and prepare appropriate responses
 - D. Avoid information that will arouse strong emotions

2. The most powerful part of your communication or message comes from:
 - A. Numbers
 - B. Words
 - C. Voice
 - D. Nonverbal cues

3. The purpose of risk communication is to:
 - A. Provide information to enable the public to make an informed decision
 - B. Convince people of environmental and lifestyle dangers based on scientific evidence
 - C. Get people to accept risks voluntarily
 - D. Get maximum media coverage to support agency activities

4. Risks are more acceptable if they:
 - A. Are imposed by external forces
 - B. Are under government control
 - C. Compare with risks faced by other communities
 - D. Seem fair

5. Information about risk is more credible if:
 - A. You can show risk values in a variety of ways
 - B. It is presented jointly with other sources
 - C. You admit that risk assessment is an inexact science
 - D. All of the above

6. When the media requests information about a criminal activity:
 - A. Provide information tailored to the needs of each type of media.
 - B. Coordinate your response with the legal department.
 - C. Refer them to the Freedom of Information Act.
 - D. Deny that a criminal investigation is taking place.

7. When testifying at a public hearing:
 - A. Stick to the particular issue under consideration.
 - B. Limit your testimony to short yes and no answers.
 - C. Include lots of statistics in your oral testimony.
 - D. Summarize statements made by previous witnesses.

8. In a deposition:
 - A. If the right question is not asked, tack your message onto another question.
 - B. You should make your answers detailed and complete.
 - C. Your attorney has the right to object to unfair questions.
 - D. If you don't understand a question, signal your attorney to object.

9. Weaknesses in a government case should be raised:
 - A. Through subpoenas
 - B. During depositions
 - C. During trial preparation
 - D. During cross-examination

10. The main purpose of cross-examination is to:
 - A. Raise new issues not covered in direct examination
 - B. Try to make the witness angry
 - C. Allow the witness to explain statements more fully
 - D. Point out inconsistencies in prior statements made by the witness

Answers:

1.C, 2.D, 3.A, 4.D, 5.D, 6.B, 7.A, 8.C, 9.C, 10.D

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Useful tips for effective advocacy are also found at the APHA web-site:

<http://www.apha.org/legislative/advocacytips.html>.

Group exercises

Exercise 9.1

County Health Director Toby Halt just called a press conference to answer questions about a possible outbreak of *Salmonella* infection among school children who drank potentially contaminated milk in a school lunch program. At this point, four children have been taken to a hospital with what appears to be severe cases of food-borne illness. Their condition is not known. Two other children were sent home from school following a medical examination by the school nurse. Milk samples were sent to a state laboratory for analysis. The test results are not in yet.

Assign each group member one of the following roles: 1. Radio reporter, 2. Television reporter, 3. Newspaper reporter, 4. Director Halt.

The reporters should take ten minutes to prepare questions for Director Halt.¹⁰ The reporters should ask the kind of questions the media generally ask. Director Halt should use the exercise as an opportunity to practice responding to challenging questions. Group members without an assigned role are responsible for critiquing the questions and Director Halt's responses. They may also help formulate questions for Director Halt.

Following the role-play, the entire group should discuss whether "Director Halt" successfully used the media event to inform the public about the important role the agency plays in protecting the public's health. What else might Director Halt have done to improve the agency's image?

Exercise 9.2

The following is written testimony of Mohammad Akhter, MD, MPH, Executive Director, American Public Health Association, before the Senate Labor and Human Resources Committee at a hearing on the Health Status of Children, May 21, 1997. Read the testimony and discuss the questions at the end.

¹⁰ Sample Questions:

Question A. "If Cowmen Dairy turns out to be the source of the contamination, will criminal charges be brought?"

Question B. "We spoke to the public liaison for Cowmen Dairy who denies that their milk is the source of the food poisoning. What can you say about that?"

Question C. "Why did you wait so long to investigate the problem?"

Dear Mr. Chairman and distinguished members of the Committee, my name is Mohammad Akhter. I am Executive Director of the American Public Health Association (APHA), which represents a combined national and affiliate membership of 55,000 public health professionals. Earlier this year our Association's Executive Board adopted children's health as a top priority, and we are committed to working with you during the 105th Congress to accomplish your goal of improving children's health status. We are honored to appear before you to discuss this important topic.

The health status of our nation's children is good, but it is not great. Approximately 10 million children in our nation lack health insurance coverage. Almost 300,000 babies are born each year with low birth-weights. Approximately one-third of mothers do not receive adequate prenatal care to help ensure that their babies are born healthy. Infections due to contaminated food and water, exposures at day care centers, and other environmental factors affect millions of American children. In the United States, 1.7 million children have blood lead levels high enough to cause decreased intelligence, behavioral disturbances, delayed development and other health problems. Asthma is the most common chronic disease of childhood, affecting five million children below the age of 18. Millions of young people's lives are destroyed by tobacco, alcohol, and other drugs. Tens of thousands of young people die or become disabled needlessly every year as a result of firearms, motor vehicle crashes, and residential fires. Almost one million teenagers become pregnant each year. Each year three million teenagers are infected with a sexually transmitted disease.

To improve children's health, the Congress must address access issues as well as adequately fund public health programs. We must expand the number of children who have health insurance coverage. Coverage alone, however, will not be enough. Public health professionals at the local, state, and federal levels must continue to provide the essential public health services of community assessment, public health education, and surveillance to ensure that children receive appropriate health services.

The first issue I would like to address is the enhancement of our nation's public health programs. Historically, public health has been one of the most, if not the most, successful of the health fields in terms of its impact on quality and quantity of life of populations. Since the early 20th century, public health agencies have worked to promote health and prevent disease. In 1900, the average life expectancy of Americans was 45 years. By 1990, the life expectancy had climbed to more than 75 years.

Clinical medicine is credited with adding five years, while improvements in public health have been directly credited with the gain of the remaining 25 years. This dramatic gain in life expectancy can be credited to improvements in sanitation, nutrition, and housing. Specifically, major gains have been attained by improving working conditions and controlling infectious diseases through immunizations and other public health interventions.

As we move towards the 21st century, it is important for our nation to begin to understand the improvements in the quality and quantity of life that public health can achieve. The effectiveness and efficiency of public health notwithstanding, the battle for adequate funding for public health programs is an ongoing struggle. Despite the fundamental role of public health in the well-being of Americans, the United States devotes less than one percent of its aggregate health spending to public health. This year this Committee will undertake the re-authorization of a number of key public health programs, which can make a tremendous difference in improving children's health status.

While the Committee has asked APHA to focus our testimony on the public health programs that need to be re-authorized this year, I want to stress that there are other public health programs that improve the lives of our nation's youth. The Centers for Disease Control and Prevention (CDC) is our nation's premiere prevention agency. CDC's immunization program is up for re-authorization this year. Immunization is one of the most cost-effective means of preventing disease. For every dollar spent on immunization, as much as \$29 can be saved in direct and indirect costs. Once, universal immunization against childhood diseases seemed within reach; today almost 25 percent of 2-year-olds lack some or all of their shots. Although immunization rates among preschool children are high, many children are still in need of one or more vaccinations.

Increased resources are needed to enhance CDC's:

- Efforts to improve immunization rates in pockets of need
- Public awareness campaigns of the need for timely immunization
- Efforts to educate health care providers to avoid missed opportunities to vaccinate
- Surveillance of vaccine-preventable disease
- Investigation of adverse events related to immunization
- Immunization registry systems to ensure children are age-appropriately immunized.

APHA believes that the CDC immunization program is an essential component of any strategy you adopt to improve children's health status. We urge you to re-authorize this program with the increased resources it needs to carry out its mission.

An important public health agency up for re-authorization this year is the Substance Abuse and Mental Health Services Administration (SAMSHA). The public health programs at this agency should also be considered an integral part of any plan to improve children's health status. Over four million teenagers use tobacco, and over 3,000 start smoking each day. More than four million young people are dependent upon alcohol or have an alcohol-related problem. In 1995, 11 percent of young people had used an illicit drug at least once in a one-month period, double the rate in 1992.

Many SAMSHA programs could help alleviate these problems if they received the necessary resources. The SAMSHA Substance Abuse Block Grants and Children's Mental Health Services program run by the agency are critical to achieving the goal of improving children's lives and their health. The Center for Substance Abuse Prevention (CSAP) has the High-Risk Youth Demonstration Grant, which targets school-age children at risk for using alcohol, tobacco, or illicit drugs and the Pregnant and Postpartum Women and Their Infants Demonstration Grant, which supports comprehensive community-based programs to help women of child-bearing age avoid the use of alcohol and other drugs during pregnancy. The Center for Substance Abuse Treatment (CSAT) has a variety of programs designed to support treatment for one of our nation's most vulnerable groups-- women of child-bearing age and their infants and children.

Last year, the Administration restructured the demonstration programs at CSAP and CSAT into "knowledge development and application" programs targeted at research, not services. Historically, these programs have had directly funded community-based providers, filling critical service gaps for pregnant women, women with children, youth in high-risk environments, and community-based prevention partnerships. In addition to filling critical services needs, these programs had a strong evaluation component, which focused on individual and collective treatment outcomes. APHA believes the demonstration programs at CSAP and CSAT have been essential elements of our nation's prevention and treatment infrastructures. Therefore, APHA urges you to continue to fund services through CSAP and CSAT programs.

The Health Resources and Services Administration (HRSA) is responsible for administering a number of important public health programs which improve child health. Specifically the agency is responsible for assuring that quality health care and public health services are available to under-served and vulnerable populations through a network of health center programs, maternal and child health programs, school based clinics, HIV/AIDS primary care services, family planning, rural health, and bone marrow and organ transplant programs. HRSA supports primary care and public health training through traineeships, student loans, area health education centers, community based clinical and leadership training, and through academic programs for minority and under-served populations. At least four important HRSA programs are up for re-authorization this year: The Emergency Medical Services for Children Program, the Organ Procurement and Transplant Program, the National Bone Marrow Donor Program, and the Health Professions Training and Education Program. Each of these programs is an important component of the Public Health Service Act, and each plays a role in advancing the issue of children's health.

<Discussion of four HRSA programs deleted from the text>

The Agency for Health Care Policy and Research (AHCPR) is up for re-authorization this year and also contributes to improving children's health status by conducting research on the delivery of health care to children. AHCPR researchers identify the best method of delivering service and indicate what services produce the best outcome. AHCPR also compares treatment methods and reports which treatment is most effective. APHA urges you to continue to support the agency.

The National Institutes of Health (NIH) are also up for reauthorization this year. NIH is the premiere biomedical research institution in the world. NIH has a variety of programs designed to improve the health status of all Americans including children. The National Institute of Child Health and Human Development is responsible for conducting biomedical and behavioral research on child and maternal health. APHA is supportive of the ongoing research conducted by this important agency.

Federally funded public health programs can make a tremendous difference in improving children's health status. The public health programs I have highlighted as well as many other public health programs at CDC, HRSA, and SAMHSA should be supported to help improve the lives of our nation's children.

<Discussion of APHA's support for legislation addressing provision of health insurance coverage for children is omitted.>

In closing, I want to express our appreciation to this Committee for its efforts on behalf of public health and health care reform. Many of the gains we have made in these areas would not have occurred but for your support. We look forward to working with you in the future to improve the health status of our nation's children. Thank you.

http://www.apha.org/legislative/testimonies/childrenshlth_ts.html

Discussion questions:

1. What aspects of Dr. Akhter's testimony were persuasive?
2. How might his testimony be improved?
3. What parts of his testimony would you highlight in an oral presentation to the Senate Labor and Human Resources Committee?

Exercise 9.3

Have each member of your learning group report on and critically analyze a television news interview they saw during the previous week. Alternatively, the group may want to video tape the nightly news for a week and play taped interviews for the group to discuss as a whole.

Group members should watch for the following:

1. Positive and negative uses of nonverbal cues
2. Whether the interviewee violated any of the principles for communicating effectively
3. If the interviewee was communicating about a risky situation, whether he or she violated any of the "outrage factors"
4. If the interviewee answered "no comment" to any question, group members should describe the impression conveyed by that response.

To register for continuing education credit and to evaluate this module

Registering for Continuing Education Credit

To receive credit for this module you must submit course enrollment forms and the answers to the **Evaluation and Test** (located on the following pages) to CDC. There are several ways to complete this registration process:

Complete the forms online.

- U** Go to the PHTN website www.cdc.gov/phtn and complete the registration and evaluation online. Directions will be given at the website.

Complete the forms on paper. There are two ways to obtain the forms from CDC. (If you plan to study additional modules, you may want to request enrollment materials for those modules also at this time.)

- U** Request the enrollment materials online by going to the following URL at the PHTN website <http://www.cdc.gov/phtn/legal-basis/req-form.htm> and completing the online request form. After the online form is submitted, an enrollment packet will be mailed to you with instructions.
- U** Request the enrollment materials by calling **1-800-41-TRAIN** (1-800-418-7246). At the prompts, press 1, then 3. Please clearly speak your name, mailing address, daytime phone number, and the correct module name and number. The enrollment materials will be mailed to you with instructions.

If you are unable to register online, you will have to wait several weeks until your course enrollment materials arrive in the mail. If this is the case, you might want to complete the Evaluation and Test immediately after you finish the module by marking your answers directly on the following pages (or make a photocopy) and then, when the enrollment materials arrive, transfer your answers to the answer sheet included with the materials.

Evaluating the Module

If you are registering for continuing education credit, you will be asked to complete an evaluation as part of that process.

If you are not interested in receiving continuing education credit, we ask that you please take time to evaluate the module. Follow the procedure specified above for getting continuing education credit, but indicate in the first question on the **Evaluation and Test** that you do not wish to receive continuing education credit. Although this is not required, your opinion of the module is important to us. By letting us know if this module was effective for you, we can improve future editions, as well as other PHTN courses.

Evaluation and Test
The Legal Basis of Public Health
Module 9, Communication
COURSE #SS0009

Objectives for *Module 9, Communication*

- g Identify the basic principles for and barriers to communicating effectively and explain how they impact your ability to conduct meaningful and effective dialogue with the media and the public.
- g Identify the six key risk communication principles and explain how they can help you inform the public and other interested parties about risk situations so that all can make informed decisions about how to respond.
- g Describe how to respond appropriately to inquires about enforcement-sensitive situations.
- g Describe some tips for presenting persuasive testimony and avoiding harmful errors that often occur during depositions, hearings, and trials.

NPlease use the red *CDC Answer Sheet* included in the enrollment materials to complete the following questions.

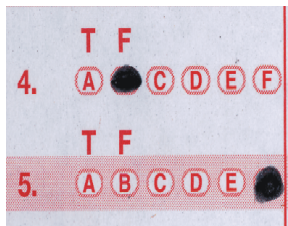
Tell us about yourself...

- 1. What type of continuing education credit do you wish to receive?**
 - A. (CME) *Not Available for this Course*
 - B. Continuing Nursing Education (CNE)
 - C. Continuing Education Units (CEU)
 - D. do not want continuing education credit

- 2. Have you previously completed *Module 1, Introduction?***
(Completion of Module 1 is required before taking any of the other modules.)
 - A. yes
 - B. no
 - C. I have just completed ***Module 1, Introduction.***

- 3. Are you a**
 - A. Nurse
 - B. Physician
 - C. None of the above

Please note: Question 5 is a continuation of question 4. Please answer each question, but choose only **ONE** occupation. Your answer to one of these questions will be **F. None of the above**. For example, a Health Educator would answer as follows:



- 4. Which of the following best describes your current occupation?**
- A. Epidemiologist
 - B. Health Educator
 - C. Laboratorian
 - D. Pharmacist
 - E. Physician Assistant
 - F. None of the above
- 5. Which of the following best describes your current occupation?**
- A. Field Inspector (nursing homes, restaurants, etc.)
 - B. Manager/Supervisor
 - C. Environmental Health Worker/Sanitarian
 - D. Lawyer/Attorney
 - E. Other public health professional
 - F. None of the above
- 6. Which of the following best describes the organization in which you work?**
- A. Academic
 - B. Private health care setting
 - C. Federal government
 - D. State government
 - E. Local government
 - F. Other organization

Tell us about the module...

- 7. How did you first learn about this module**
- A. State publication (or other state-sponsored communication)
 - B. MMWR
 - C. CDC website (not including PHTN website)
 - D. PHTN source (PHTN website, catalog, e-mail, or fax announcement)
 - E. Colleague
 - F. Other

- 8. How did you obtain this module?**
- A. Purchased from the Public Health Foundation
 - B. Downloaded from the PHTN website
 - C. Borrowed or copied materials from someone else
 - D. Other
- 9. What was the most important factor in your decision to obtain this module?**
- A. Content
 - B. Continuing education credit
 - C. Request from supervisor
 - D. Previous participation in PHTN training(s)
 - E. Ability to take the course at my convenience
 - F. Other
- 10. I completed this module**
- A. As an individual learner
 - B. As part of a learning group that organized itself
 - C. As part of a learning group that was organized by someone outside of the group
- 11. My completion of this module included interaction(s) with an expert(s) (or reasonably experienced person) on the topic?**
- A. Yes
 - B. No
- 12. My interaction(s) with the expert(s) on this topic could be described as follows**
- A. I had no interactions with an expert
 - B. One or more sessions organized by someone outside of the group
 - C. One or more sessions organized by someone within my group
 - D. One or more informal consultations that I initiated on my own
- 13. How long did it take you to complete this module?**
- A. 1 - 2 hours
 - B. 3 - 4 hours
 - C. 5 hours or more
- 14. How many of the ten modules comprising the *Legal Basis of Public Health* have you completed?**
- A. 1 or 2 modules
 - B. 3 to 5 modules
 - C. 6 to 9 modules
 - D. All 10 modules

15. **How many of the ten modules comprising *The Legal Basis of Public Health* do you plan to complete?**
A. 1 or 2 modules
B. 3 to 5 modules
C. 6 to 9 modules
D. All 10 modules
16. **Please rate your level of knowledge prior to completing this module.**
A. Had a great deal of knowledge about the content
B. Had a fair amount of knowledge about the content
C. Had limited knowledge about the content
D. Had no prior knowledge about the content
E. No opinion
17. **Please estimate your knowledge gain due to completing this module.**
A. Gained a great deal of knowledge about the content
B. Gained a fair amount of knowledge about the content
C. Gained a limited amount of knowledge about the content
D. Did not gain any knowledge about the content
E. No opinion
18. **If this module is further evaluated through the use of focus groups or other methods (e.g., follow up questionnaires) would you be willing to participate?**
A. Yes
B. No

Please use the scale below to rate your level of agreement with the following statements about this module.

- A. Agree
B. No opinion
C. Disagree
D. Not applicable

19. **The objectives were relevant to the purpose of the course.**
20. **I would recommend this module to my colleagues.**
21. **I believe completing this module will enhance my professional effectiveness.**
22. **The content in this module was appropriate for my training needs.**
23. **Reading the text on my own was an effective way for me to learn this content.**

24. The self-study questions contributed to my understanding of the content.
25. The group exercises contributed to my understanding of the content.
26. The Coordinator Guide contributed to my ability to have a learning experience appropriate to my (or my group's) needs.
27. Downloading the materials from the PHTN website was user-friendly.
28. Ordering the materials through the Public Health Foundation was user-friendly.
29. Ordering the materials through the 1-800-41-TRAIN phone number was user-friendly.
30. I am confident I can identify the basic principles for and barriers to communicating effectively and explain how they impact my ability to conduct meaningful and effective dialogue with the media and the public.
31. I am confident I can identify the six key risk communication principles and explain how they can help me inform the public and other interested parties about risk situations so that all can make informed decisions about how to respond.
32. I am confident I can describe how to respond appropriately to inquiries about enforcement-sensitive situations.
33. I am confident that I can describe some tips for presenting persuasive testimony and avoiding harmful errors that often occur during depositions, hearings, and trials.