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FIELD EPIDEMIOLOGY TRAINING PROGRAM

Applied Communication Skills

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Prepared by AED

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TABLE OF CONTENTS

INTRODUCTION	1
INSTRUCTOR'S GUIDE	3
LESSON 1 Listening to the public during investigations	13
LESSON 2 Creating Actionable Recommendations and Messages	35
LESSON 3 Speaking in the Community	61
ANNEX: CASE STUDIES AND EVALUATION FORM	
CASE STUDY 1 Cholera in Lusaka, Zambia (part 1)	83
CASE STUDY 2 Cholera in Lusaka, Zambia (part 2)	85
CASE STUDY 3 SARS Outbreak in Amoy Gardens Housing Block (part 1)	87
CASE STUDY 4 SARS Outbreak in Amoy Gardens Housing Block (part 2)	89
CASE STUDY 5 Botulism in Argentina	91
CASE STUDY 6 Dengue in Indonesia	93
CASE STUDY 7 H1N1 Influenza in Champasak	95
CASE STUDY 8 H1N1 Influenza Outbreak in a Ugandan Secondary School	97
EVALUATION FORM	99

INTRODUCTION

Field epidemiologists are often on the front line in emergency situations. Their scientific training allows them to manage outbreak investigations, analyze situations on the ground, and develop public health recommendations. To successfully fulfill their responsibility to the public — that is, to alert the public to risks, motivate people to take action, and prevent further consequences — field epidemiologists must also communicate effectively.

Health workers who have completed the Field Epidemiologist Training Program have indicated that, while the curriculum included a few hours on communication, they would have benefited from additional hands-on practice prior to their first encounter with the press or a community in crisis. Often, emergency or outbreak situations allow for little preparation for outbreak teams to practice answering difficult questions from the press or responding to public concerns.

These three lessons give field epidemiologists an opportunity to apply their technical expertise along with communication skills to practice the types of situations they may face during outbreak investigations or emergency responses, namely:

- Creating realistic recommendations by listening to those affected.
- Crafting and delivering messages to the public
- Speaking in the community.

The activities in the lessons provide case studies to illustrate a variety of public health scenarios (from prevention to emergency) and practice communicating with a variety of audiences (from farmers to journalists).

INSTRUCTOR'S GUIDE

Teaching communication skills requires the same techniques as teaching other types of skills, whether statistical, laboratory or clinical. Students need some brief background, but mostly they need practice, practice, practice. The lessons in this guide are designed to set up situations whereby students can practice various communication skills from listening during an interview, to message development, to speaking on camera. There is a risk that students will not effectively demonstrate these skills, or may feel uncomfortable practicing skills in front of others. As a teacher, you must encourage them to hone these skills before they need to use them in the field, when it will greatly matter how effective they are. Indeed, epidemiologists have no time to practice any of their skills when a crisis hits.

The suggested time for each lesson is relatively short, to keep the activities and discussions energized and dynamic. Students who wish more in-depth information or theory may be directed to the resources pages at the end of each lesson plan.

Read through the entire manual before planning a using the lessons in class. **Lessons 1** and **3** require preparation and planning, specifically:

- In **Lesson 1**, you may wish to conduct the optional activity. This activity should be scheduled during a break or prior to the class room activities, and requires a video-recording device and someone to act as an interviewer.
- In **Lesson 1**, student teams go out to a local market, bus depot, or other public gathering place to interview the general public and practice effective inter-personal skills. Allow enough time for travel, logistics and return to the classroom.
- In **Lesson 3**, instructors may wish to invite guest journalists, who assist in running the class so that students can interact with

the media. It is recommended to hold a short planning meeting with the journalists prior to the classroom session.

Teachers should also review activities and examples for local adaptation. Communication activities may need to be revised to take into account local customs regarding body language and etiquette. In addition, health examples and scenarios may need to be revised to highlight emerging health issues or local health problems. For all adaptation, remember the purpose of the lessons: to provide communication skills practice. Do not let the activities become epidemiological studies that divert from the communication goals.

A trainer's note at the top of each activity states the purpose for the activity, so that adaptations can keep the original intent of the activity.

The three lessons are designed to be flexible and can be used in a variety of ways.

1. They can be run back-to-back, as a 2 day course
2. They can be used as three weekly or monthly sessions to fit within a longer FETP curriculum
3. They may be used individually as in-service learning workshops.

However, it is recommended to use all three lessons to ensure that the learnings from early lessons are applied in later ones. Sample agendas and a materials checklist follow this page.

SAMPLE AGENDAS

Complete Training in 2 days

DAY 1

Time	Activity
8:30 – 9:00	Registration
9:00- 9:30	Welcome Opening Remarks Introduction of participants
9:30 - 9:45	Lesson 1: Introduction to Training
9:45 – 9:55	Introduction to Lesson 1: Listening to the Community During Investigations
9:55 - 10:45	Break Group photo Optional: Ambush interviews
10:45 -11:15	Activity 1: Asking Useful Questions
11:15 -11:50	Discussion: Effective Listening Activity 2: Listening to the Radio
11:50 – 12:05	Activity 3: Staying objective
2:05 – 1:30	Lunch break
1:30 – 1:50	Preparation for Field Visit
2:00 – 5:00	Field Visit
5:00 – 5:35	Field Visit Summary and Debrief Lesson 1 Closing

DAY 2

Time	Activity
8:30 - 9:00	Registration and Welcome
9:00 – 9:20	Introduction to Lesson 2: Creating Actionable Recommendations and Messages Review: Creating Do-able Recommendations
9:20 – 9:35	Activity 1: Outbreak Recommendations Case Study
9:35 – 9:50	Activity 2: Who's Point of View?
9:50 – 10:30	Break
10:30 – 11:10	Activity 3: Writing Talking Points
11:10 – 11:40	Activity 4: Practice in Pairs
11:40 – 11:50	Lesson 2 Closing
11:50 – 1:30	Lunch
1:30 – 1:45	Introduction to Lesson 3: Speaking in the Community Discussion: Getting the Word Out
1:45 – 2:25	Activity 1: Using Talking Points
2:25 – 3:00	Break
3:00 – 3:30	Activity 2: Body Language
3:30 – 3:45	Activity 3: Feedback Loop
3:45 – 4:00	Lesson 3 Discussion
4:00 – 4:30	Review of All Lessons
4:30 – 4:40	Closing Participant Evaluations

4 Weeks as Part of a Course

WEEK 1

Time	Activity
9:00 - 9:15	Lesson 1: Introduction to Training
9:15 – 9:25	Introduction to Lesson 1: Listening to the community during investigations
9:25 -9:40	Activity 1: Asking Useful Questions
9:40 – 10:00	Break
10:00 – 10:35	Discussion: Effective Listening Activity 2: Listening to the Radio
10:35 – 10:50	Activity 3: Staying objective
10:50 – 11:10	Preparation for Field Visit

WEEK 2

Time	Activity
8:00 – 11:30	Field Visit
11:30 – 12:00	Field Visit Summary and Debrief

WEEK 3

Time	Activity
9:00 – 9:20	Introduction to Lesson 2: Creating Actionable Recommendations and Messages Review: Creating Do-able Recommendations

9:20 – 9:35	Activity 1: Outbreak Recommendations Case Study
9:35 – 9:50	Activity 2: Who's Point of View?
9:50 – 10:30	Break
10:30 – 11:10	Activity 3: Writing Talking Points
11:10 – 11:40	Activity 4: Practice in Pairs
11:40 – 11:50	Lesson 2 Closing

WEEK 4

Time	Activity
9:00 – 9:15	Introduction to Lesson 3: Speaking in the Community Discussion: Getting the Word Out
9:15 – 9:55	Activity 1: Using Talking Points
9:55 – 10:15	Break
10:15 – 10:45	Activity 2: Body Language
10:45 – 11:00	Activity 3: Feedback Loop
11:00 – 11:15	Lesson 3 Discussion
11:15 – 11:45	Review of All Lessons
11:45 – 11:55	Closing Student Evaluations

JUNE CLASS

Time	Activity
9:00 - 9:15	Lesson 1: Introduction to Training
9:15 – 9:25	Introduction to Lesson 1: Listening to the community during investigations
9:25 -9:40	Activity 1: Asking Useful Questions
9:40 – 10:00	Break
10:00 – 10:35	Discussion: Effective Listening Activity 2: Listening to the Radio
10:35 – 10:50	Activity 3: Staying objective
10:50 – 11:10	Preparation for Field Visit (applying skills to field training)

AUGUST CLASS

Time	Activity
8:30 - 9:00	Registration and Welcome
9:00 – 9:20	Introduction to Lesson 2: Creating Actionable Recommendations and Messages Review: Creating Do-able Recommendations
9:20 – 9:35	Activity 1: Outbreak Recommendations Case Study
9:35 – 9:50	Activity 2: Who's Point of View?
9:50 – 10:30	Break

10:30 – 11:10	Activity 3: Writing Talking Points
11:10 – 11:40	Activity 4: Practice in Pairs
11:40 – 11:50	Lesson 2 Closing
11:50 – 1:30	Lunch
1:30 – 1:45	Introduction to Lesson 3: Speaking in the Community Discussion: Getting the Word Out
1:45 – 2:25	Activity 1: Using Talking Points
2:25 – 3:00	Break
3:00 – 3:30	Activity 2: Body Language
3:30 – 3:45	Activity 3: Feedback Loop
3:45 – 4:00	Lesson 3 Discussion
4:00 – 4:30	Review of All Lessons
4:30 – 4:45	Closing Participant Evaluations

CHECKLIST OF MATERIALS NEEDED

Lesson	Activities	Duration	Materials	Notes
Lesson 1: Listening to the Public During Investigations	Inroduction to training	15 minutes	Summary Handout (page 18)	
	Optional Activity: Ambush Interviews	30 minutes	Video recording device	
	Activity 1: Asking useful Questions	15 minutes	1 flipchart: "5 types of Questions". 5 Handouts (page 22)	
	Activity 2: Listening to the Radio	20 minutes	A radio or tape player and audiotape of a pre-recorded radio show	
	Activity 3: Staying Objective	15 minutes	Powerpoint or flipchart: Belief Statements (page 28)	
	Activity 4: Field Visit	3-4 hours	Field Visit Observation Sheet 2-3 copies/ per person (page 39)	
Lesson 2: Creating Actionable Recommendations and Messages	For all activities		Flipchart page labeled "Tech Page"	
	Activity 1: Outbreak Recommendations Case Study	15 minutes	Powerpoint or flipchart: scenario from FETP India Flipchart on criteria (page 42)	
	Activity 2: Whose Point of View?	15 minutes	1 set of Point of view cards 3 flipcharts "Community" "Healthworkers" "Policymakers"	
	Activity 3: Drafting Talking Points	30 minutes	Handouts: How to Write Talking Points (pages 51-52) Selected case study (Annex)	
	Activity 4: Practice in Pairs	30 minutes	Activity 4 Observation Sheet for Practice in Pairs (page 57)	

Lesson	Activities	Duration	Materials	Notes
Lesson 3: Speaking in the Community	For all activities		Flipchart page labeled "Tech Page" 1 video recording device (either a hand-held digital camera with video function or a video camera) Several (at least 1 for every 2 participants) audio-recording devices (hand-held tape recorders, MP3 players or digital cameras with audio recording capabilities) Recording device sign out sheet	
	Activity 1: Using Talking Points	40 minutes	Talking points A and B for interviews (page 70) Questions for Interviews (page 71) Observation Sheet: Using talking points (page 72)	
	Activity 2: Body Language	30 minutes	Observation Sheet: Body language (page 75)	
	Activity 3: Feedback Loop	15 minutes	Flipchart to record Feedback mechanisms	
	Final Discussions	30 minutes	Evaluation form (pages 99-100)	

LESSON 1

LISTENING TO THE PUBLIC DURING INVESTIGATIONS

This lesson introduces the 3 lessons in this package.

It then reviews setting public health recommendations during outbreak investigations and offers students an opportunity to interview the general public to improve recommendations and create actionable messages.

LEARNING OBJECTIVES:

By the end of this lesson, students will be able to:

- Use interpersonal communication skills, including active listening, to effectively interview community members, patients and health workers during outbreak investigations
- Use simple language in verbal communications.

PREPARATION:

The key learning activity of this lesson is a visit to a local gathering place (such as a market, bus depot, public square, temples etc.) where students can meet and interview the general public, or visit a poultry farm or other specific location to interview people of a specific risk group. Visit the neighborhood or local area where the class will be held and identify areas where pairs of students can walk to or get to easily for a few hours of interviews. Check the area's schedule of activities (such as market hours) to ensure that students will have access to enough people to interview 2-3 each (4-6 people per team of students).

If students are from another location or region, ensure that there are supports for their field trip, such as:

- Maps and directions
- Local transport (driver or taxi)
- Translator or community member who can accompany the student teams and provide introduction to the area or the community.

Review each activity to ensure local customs and examples are incorporated. A trainer's note at the top of each activity states the purpose for the activity, so that adaptations can keep the original intent of the activity. Specifically, review:

- **Optional Activity:** "Ambush" Interviews to assess need for this activity for your students.
- **Activity 2:** Listening to the Radio, to identify a local radio program that offers a variety of perspectives for listening during the lesson or for recording prior to the lesson.
- **Activity 3:** Review the belief statements and add culturally appropriate statements to the list.
- **Activity 4:** Staying Objective, and add statements to the list based on local beliefs and the planned Field Activity.

MATERIALS

- 1 video recording device (either a hand-held digital camera with video function or a video camera), if conducting optional activity.
- Copies of handouts, 1 set per students
- Flipchart and markers
- A radio or tape player and audiotape of a pre-recorded radio show.

LESSON OVERVIEW

Introduction to training (15 minutes)

Optional Activity: "Ambush Interviews"

Introduction to lesson 1 (10 minutes)

Activity 1: Asking Useful Questions (15 minutes)

Discussion: Effective Listening (15 minutes)

Activity 2: Listening to the Radio (20 minutes)

Activity 3: Staying Objective (15 minutes)

Preparation for Field Visit: Drafting Questions (20 minutes)

Activity 4: Field Visit (3-4 hours, depending on transportation)

Field Visit Summary and Debrief (30 minutes)

Closing (5 minutes)

INTRODUCTION TO TRAINING: BUILDING COMMUNICATION AND MEDIA SKILLS (15 minutes)

Purpose: To introduce all 3 lessons and make link between communication and helping field epidemiologists become for effective. Have students bring up their own examples. Put lessons in the context of their experiences and job responsibilities.

WELCOME AND DISCUSSION

Welcome students to this portion of their FETP training. Explain that the next 3 lessons will help them hone their inter-personal and communication skills to improve the outcome of their investigations—that is, help people act in healthier ways to slow or stop outbreaks.

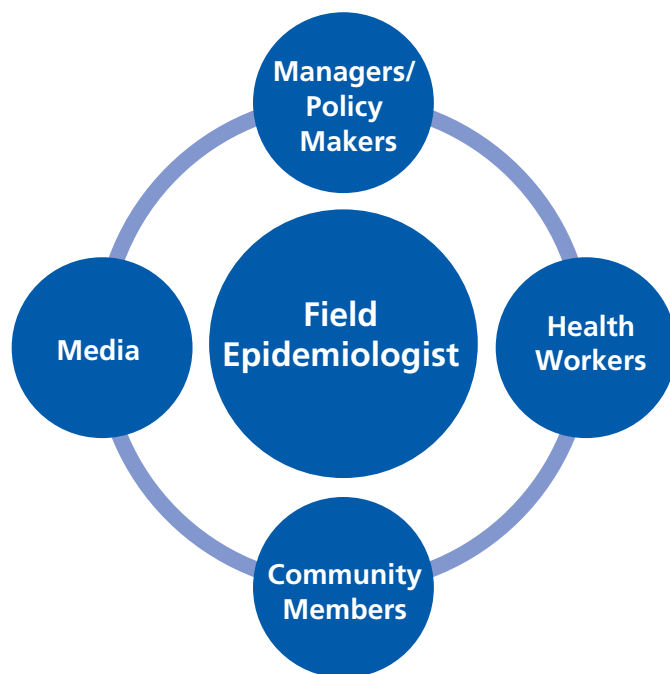
Briefly discuss the role of communications in the daily work of field epidemiologists. Lead the discussion with:

- What are some of the interpersonal skills you have used or practiced for outbreak investigations? What did you feel you were good at? What challenges have you faced?
- How do you prepare to go out and interview people? Do you prepare differently if you are interviewing health workers or community leaders? How so?
- What are some of the differences you have noted in conducting different kinds of interviews?
- What are some of the interesting results you have found during interviews or talking with people about outbreaks?

Move the discussion to the sharing of new information and recommendations following an investigation. Ask a few students to share how they have disseminated recommendations in the past.

- What are some ways that recommendations get to the people who need them?
- What are some things that people need to better understand recommendations in order to do them? [Look for such answers as instructions, facts, resources, assistance from health workers or others.]
- What are some ways that you've seen the media help get recommendations out to the public? What are some media coverage you've seen that haven't worked or was not correct?

Ask students what **audiences**, that is, different groups of people, they will communicate with during their work. Share a graphic, like the one below, to summarize:



Ask students to think about how communication skills can help them in their work as field epidemiologists. Look for:

- Practice interviews
- Ask better questions
- Get better information

- Get investigation done quicker/better
- Be ready to talk with the media
- Be ready to talk with community leaders
- Write better reports or briefs

Name some more if these are not all suggested. Follow up by asking how these would help make the public's health better.

Summarize the discussion using a graphic such as the one below:
The **3 lessons** that we are about to embark on will give you each a chance to practice the communication skills you need for each phase of your job. Today we will practice interviewing skills. In **Lesson 2**, you will practice how to create talking points from your investigation recommendations, and finally in **Lesson 3**, you will practice talking with reports to be sure your recommendations get to who they are designed for.

Handout **SUMMARY HANDOUT**. Explain that all the concepts from the lessons are summarized for the students to keep.

COMMUNICATION SKILLS AT EACH STEP OF YOUR WORK



BETTER HEALTH FOR ALL

CONCLUDE with a brief discussion of the limits of communication. Look for: communications cannot provide services or emergency care needed; people have barriers to action or changing their behaviors; low literacy levels can hamper spread of information; some health situations need supplies (such as vaccines or drugs) and distribution. Conclude that successful communication must be integrated into other solutions.

OPTIONAL ACTIVITY: 'AMBUSH' INTERVIEWS

(30 minutes)

Purpose: To help students who may have community or media exposure to be in an interview situation unprepared, to generate awareness of how epidemiologists can be better prepared.

If you have students in your class who may be in positions in which they will need to communicate frequently in front of communities, organize an initial “ambush” interview for them. This activity will put them in a position of having to answer questions unprepared, and give them additional awareness of the importance of practice and preparedness.

Someone acting as a concerned community leader can either stop students on the way into the class room or building, or during a break outside the class room.

Prepare for these interviews ahead of time. Help the “interviewer” prepare a set of questions that are realistic and timely. For example, write questions related to a recent health incident in the community or in the country. Or prepare questions around a recent outbreak in another country and probe whether it can become a risk locally. Consider including some possible communication challenges, such as “speaking off the record” or asking questions in a leading negative way. Video from this activity can be used again in Lesson 3 to track student improvements.

Some sample questions are in the boxes below:

SAMPLE QUESTIONS ABOUT H1N1 INFLUENZA

Include media tactics, such as negatively phrased questions, myths/ rumors, and questions leading off-message

- Where did the flu come from?
- Why is it spreading?
- Who is responsible for spreading it? Aren't the [outsiders/group of people] responsible?
- Why wasn't this prevented?
- What are you doing for the people who are sick?
- Is the situation under control?
- How many more sick can we expect?
- How many more people will die?
- When did you begin working on this? When did you first hear about this?
- What do these data/information/results mean?
- What bad news aren't you telling us?
- Who's in charge?
- Off the record, would you keep eating pork?

SAMPLE QUESTIONS ABOUT THE HEALTH OF COFFEE DRINKERS

- What is in coffee that helps people live longer?
- What do these data/information/results of the study mean?
- How much coffee should people be drinking?
- What can we expect if we start drinking coffee every day?
- Off the record, what are you drinking now?

INTRODUCTION TO LESSON 1

(10 minutes)

Purpose: To introduce lesson 1 and position it as a benefit for the students.

INTRODUCE THE LESSON.

Review the outline and activities. Explain the purpose of the lesson: students will practice the communication and inter-personal skills needed to conduct an effective investigation. Briefly review field visit activity to ensure students understand that part of the lesson will be outside the classroom.

Review the link between the success of inter-personal skills and informing recommendations and resulting public health messages.

- The public and other health workers see epidemiologists as trusted experts. While people may be willing to talk with epidemiologists during in a crisis or other emergency, they may be reluctant to express concerns or offer their honest views on a health problem.
- By practicing inter-personal communication skills, field epidemiologists can make people feel more comfortable speaking about a health situation, and can more effectively gather valuable information during an investigation.
- The public's input is crucial to helping you create effective health recommendations; that is, recommendations that are realistic and do-able by those you wish to communicate with.

ACTIVITY 1: ASKING USEFUL QUESTIONS

Purpose: To help students develop effective questions for use during community interactions and outbreak investigations.

INTRODUCE TOPIC

When conducting interviews, how you shape a question, and under what context you ask a question can affect the answer you receive. One way you can make people feel comfortable and open to sharing information is by asking good questions. Inappropriate questions can make your respondent uncomfortable or limit his/her answers. Let's take a look at some questions and decide if they are useful for eliciting information or limiting.

Post a list of question types on the flipchart, and read through with the group:

1. **Closed-ended**yes/no or 1-word answer
2. **Open-ended**start with how, why, what; have no defined answer
3. **2-in-1**.....confusing
4. **Multiple choice**.....limited options for answer
5. **Forced answer**.....implies judgment or suggests answer

Ask students to get into 5 small groups. Hand out 1 set of questions to each group to discuss.

Explain activity: In your small group, read through the questions on your hand out and decide what type of question they illustrate (from the list on the flipchart). Ask the group to then discuss and write down the advantages of this type of question and the limitations. If the group finds many limitations, ask the group to rewrite some of the questions to make them more useful.

Give the students 10 minutes to work. Have each small group present to the entire group.

DEBRIEF

The first 2 types of questions each have purposes during investigations. Sometimes we must ask closed-ended questions to get specific information, like dates, times, duration and demographic information. Open-ended questions are the most comfortable for people to respond to. They give the respondent an opportunity to express their own views and explain in their own words.

During investigations, try to avoid multiple choice, two-in-one and judgmental questions. These will limit the information you receive.

GROUP 1 <ul style="list-style-type: none">■ How many children do you have?■ How long have you lived here?■ Is anyone in your home sick with the flu?■ What day did the chicken die?	GROUP 2 <ul style="list-style-type: none">■ Why weren't you able to go to the community meeting?■ Show me how you store your drinking water.■ Tell me more about when your family was sick.
GROUP 3 <ul style="list-style-type: none">■ How do you feel about the health care you get and how could it be better?■ Did you feel fever and nausea?■ When did you realize he was sick and when did you take him to the clinic?	GROUP 4 <ul style="list-style-type: none">■ If you had the flu, would you go to the hospital or the clinic?■ Do you use condoms with all your partners or just your main partner?■ Would you prefer higher fees or closing the clinic?
GROUP 5 <ul style="list-style-type: none">■ Don't you think you should vaccinate your children?■ I think you should have reported the dead birds, don't you?■ Don't you think that the clinic would be safer than going to the midwife?■ You know it's good to breast-feed your baby, right?	

DISCUSSION: EFFECTIVE LISTENING

(15 minutes)

Purpose: To introduce difference between hearing and processing information (or inferring) and adding conclusions. Have students generate ideas as to how to be better listeners.

INTRODUCE THE TOPIC

As a front-line investigator of outbreaks and other public health situations, you have the unique opportunity to speak directly to lots of different types of people. During an investigation, you may speak with everyone from a small farmer to a town mayor. How can you best understand the differences in your audiences? Listening to people during your investigation interviews gives you a direct line into better understanding.

Effective listening is a fundamental part of interviewing.

Ask: What might happen if you do not listen carefully to an interviewee? Look for the following responses:

- You might end the interview with the wrong information or the wrong impression because you missed what someone really said or thought you heard something you did not.
- You might miss a good opportunity to get at the heart of your investigation
- You might leave people feeling excluded or offended if you don't take into account what they said.

Ask students to define “hearing” versus “inferring” (an interpretation of other’s words).

EXPLAIN

What you hear is what people actually say with words. What you infer is what you think they said based on their words, their nonverbal

signals, and your own previous impressions and experience. As an interviewer, it is important for you to distinguish between what you hear and what you infer.

Ask students for ways they can verify what they heard and check their inferences: Look for:

1. **Repeating:** During an interview, you may repeat what you heard using the person's actual words. This helps the person expand more on what he/she said.

For example, "So, you said you became worried when the ducks died...."

2. **Rephrasing:** Reflect on what you inferred. Use your own words to tell an interviewee what you think they are trying to say. This helps the person clarify or correct your impression.

For example, "It sounds like you were frightened when that happened..."

3. **Asking for more details:** When you do not understand what is being said, try to clear up the confusion by:
 - Asking: Can you tell me more about that?
 - Repeat their words, then pause
 - Say what you think they said, then pause.

Ask for ways to listening well. Look for responses such as:

- Keep your mind centered on the other person. Try to put yourself in that person's place and understand what he or she is thinking.
- Keep a non-judgmental expression while you listen.
- Talk only when necessary to clarify or to keep the interview moving along.
- Watch the other person's facial expression and body language.
- Allow for silence and space between questions. People need time to think about what they are going to say. You need time to understand what is being said.

SUMMARIZE THE DISCUSSION

Listening is part hearing and part inferring (your interpretation of what you heard). Epidemiologists must listen actively to what is said, and make the correct inference from what is being said to best understand a situation.

ACTIVITY 2: LISTENING TO THE RADIO (20 minutes)

Purpose: Students practice the difference between hearing and inferring, using a source of information that all can hear. Compare how different students might “hear” different information.

Turn on the radio for 10 minutes and ask students to listen carefully to a radio program, such as a community call-in show or talk radio. If an appropriate radio show is not on at that time, have a segment pre-recorded to replay during the lesson.

Ask students to listen and write down:

- What they heard
- What they inferred.

DEBRIEF

Ask students to read what they wrote and compare what was heard and inferred across the group.

Ask the group why some of the differences may have occurred.

SUMMARIZE

Sometimes, different people listening to the same information can make different inferences. Sometimes it is useful to make note of

what we hear to ensure that we can go back and review that information and check our inferences.

ACTIVITY 3: STAYING OBJECTIVE

(15 minutes)

Purpose: Offer students a way to explore how their values and beliefs may be different from the communities in which they will work, and how that might affect their questions and inferences.

State that the students have been learning and practicing important skills that they will apply during the field visit. Asking questions and listening are key skills for an effective investigation. Explain that before they start planning their field visit questions, they will review and practice one additional skill.

Investigations are more accurate if the investigators are open to answers that may be different from expectations or preconceived conclusions.

Ask students what it means to them to “be objective” during an investigation or interview. Look for:

- Not assuming answers
- Listening
- Asking open ended questions
- Not trying to prove a specific hypothesis or conclusion
- Being open to a different hypothesis or conclusion.

EXPLAIN THE IMPORTANCE OF BEING OBJECTIVE

- Epidemiologists may have a different background and experiences from people that they will interview, which might influence their perceptions, values and beliefs.

- When people understand their own perceptions and beliefs, they can more easily respect those of others.
- There can be no “right” or “wrong” answers during investigation interviews.
- Understanding other people’s beliefs and values will help create better recommendations for them.

INTRODUCE ACTIVITY

Students will think about their own perceptions and beliefs. Explain that the teacher will read a series of statements, and students should reflect on each.

Ask students to take out a sheet of paper and pen. Allow students to think independently about these belief statements. Read out loud each statement. For each statement, ask students to write down whether they agree, disagree, aren’t sure, or have multiple views on the statement. Continue until you have read all the statements.

DEBRIEF

Ask the group:

- Which statements surprised you to hear?
- Which statements had you not thought about before?
- Which statements do you think no one believes?
- Which statements do you think people you will interview in the field may believe?
- Which statements affect how communities will hear your recommendations and messages?

SUMMARIZE

If we acknowledge our own beliefs and make note of them, we can avoid preconceptions of others’ beliefs. Also, if we can listen to others’ beliefs, we can better understand how traditions and values can affect health decisions.

Later, they will think about and make notes on what values and beliefs they may encounter during the field activity, and our assumptions about those.

ACTIVITY 3: BELIEF STATEMENTS

1. Using contraceptives is against our tradition.
2. A mother knows what is best for her child.
3. Women should obey their husbands.
4. People need to learn how to stay healthy.
5. You cannot avoid death when it is your time to go.
6. Women should not breast-feed in public.
7. Vaccines are dangerous.
8. If you tell people what to do, they'll do it.
9. Health workers are too busy for additional responsibilities.
10. Traditional healers have no role in public health.
11. Illiterate people cannot follow directions.
12. You have to understand disease vectors to prevent outbreaks.

PREPARATION FOR FIELD VISIT: DRAFTING QUESTIONS (20 minutes)

Purpose: Students take time before the field visit to draft some appropriate questions and note their assumptions about customs and beliefs they might encounter.

Explain the purpose of the field visit: Student pairs will go out into the community and interview people to practice appropriate questions and effective listening. Describe the locations where participants will have time to practice with 2-3 people each. Prior to leaving, teams will work to prepare for the interviews.

Provide students health background information for the given locations that you selected for the field visit. For example, if you selected a market place, review what health issues might be pertinent, such as avian influenza, food-borne illnesses, or sanitation.

Have students get into groups of 4 and work as teams to develop draft questions to ask, depending on the types of people they may interview. For example, if going to a market, have questions prepared for poultry sellers, fresh vegetable sellers, etc. Explain that while the groups of 4 are preparing together, they will split into pairs during the field visit.

Also ask teams to think about their assumptions about the people they will be talking with. Ask students to reflect on the belief statements they just heard, and make note of what beliefs and values they might encounter in the field which might affect people's health decisions. Ask students to try to set aside their own views of these beliefs, to become better listeners.

EXPLAIN ROLES IN PAIRS

- **Interviewer:** One student will approach a person and use effective listening and staying objective to learn about a health issue.

- **Observer:** observing the student who is doing the interview and noting strengths and weaknesses, focus on listening completely to the interviewee for non-verbal or underlying concerns and feelings.

Teams should rotate roles so that each student is in each role and each student interviews at least 2 people.

ACTIVITY 4: FIELD VISIT

(3-4 hours, depending on transportation)

Purpose: Students practice using appropriate questions and effective listening in a community context.

At appointed time, ask students to gather in their teams and use transport/logistic arrangements to get to their locations. Remind them of how and when to return to the classroom.

- Pairs use interviewer/observer checklist for communication/listening skills
- Consider inviting local community organizer/activist to introduce students to community and provide communication feedback

FIELD VISIT OBSERVATION SHEET

Student conducting interview (name): _____

Interview # (circle) 1 2 3

Student interviewer:	Yes	No	Notes:
Leans forward			
Looks at interviewee			
Nods head when interviewee is speaking; uses verbal agreements to show listening			
Repeats back feelings or concerns/ rephrasing			
Uses open-ended questions			
Uses forced answer			Provide feedback to improve questions
Uses 2 questions in 1			Provide feedback to improve questions
Uses simple words and lay terms			
Uses greetings at beginning and end of interview			

FIELD VISIT SUMMARY AND DEBRIEF

(30 minutes)

At the appointed time, have students return to the classroom.

Ask teams to work for 15 minutes to discuss among themselves:

- What they learned from their interviews
- How well their questions were received
- How the experience compared with their assumptions
- What areas they could improve, based on the observation checklists.

Ask teams to improve their questions based on what they have learned.

Call time after and ask 2-3 teams to share what they learned about effective listening and using appropriate questions.

CLOSING

(5 minutes)

Thank the participants for their hard work and encourage them to keep practicing their inter-personal skills.

Answer any questions from students.

TRANSITION TO NEXT LESSON

The next lesson will take you through some investigation case studies to explore how communication can help you create better recommendations during outbreaks.

LESSON 2

CREATING ACTIONABLE RECOMMENDATIONS AND MESSAGES

This lesson reviews setting public health recommendations during outbreak situations and students practice creating talking points for a variety of audiences.

LEARNING OBJECTIVES:

By the end of this lesson, students will be able to:

- Define actionable recommendations from evidence from investigations
- Describe how actions and benefits differ for various audiences
- Create talking points for various audiences
- Demonstrate empathy and build trust during an interaction with the community.

PREPARATION

Review each activity to ensure local customs and examples are incorporated. A trainer's note at the top of each activity states the purpose for the activity, so that adaptations can keep the original intent of the activity. Specifically, review:

- **Review: Developing Do-able Recommendations:** Review the criteria and make them consistent with your overall FETP course materials.
- **Activity 1:** You may wish to replace this case study with another from your area, ensuring that it is simple and illustrates the purpose of the activity.
- **Activity 2:** Review the messages and add or replace with appropriate ones for your area.
- **Activity 3:** Review the case studies and select ones that are appropriate for your students. You may wish to add local case studies as well.

Prepare and post a flipchart labeled “Tech Page”.

Prepare and post 3 flipchart pages labeled: “Public”, “Health care providers”, and “Policymakers”.

MATERIALS

1. Flipchart and markers
2. Handouts (1 set per participants)
3. Copies of case studies (2 copies of each case study; 1 set per pair of students)
4. Masking tape
5. Point of View cards, printed and cut into cards (1 set)

LESSON OVERVIEW

Introduction to Lesson 2 (5 minutes)

Review: Creating Do-able Recommendations (15 minutes)

Activity 1: Outbreak Recommendations Case Study (15 minutes)

Activity 2: Whose Point of View? (15 minutes)

Activity 3: Writing Talking Points (40 minutes)

Activity 4: Practice in Pairs (30 minutes)

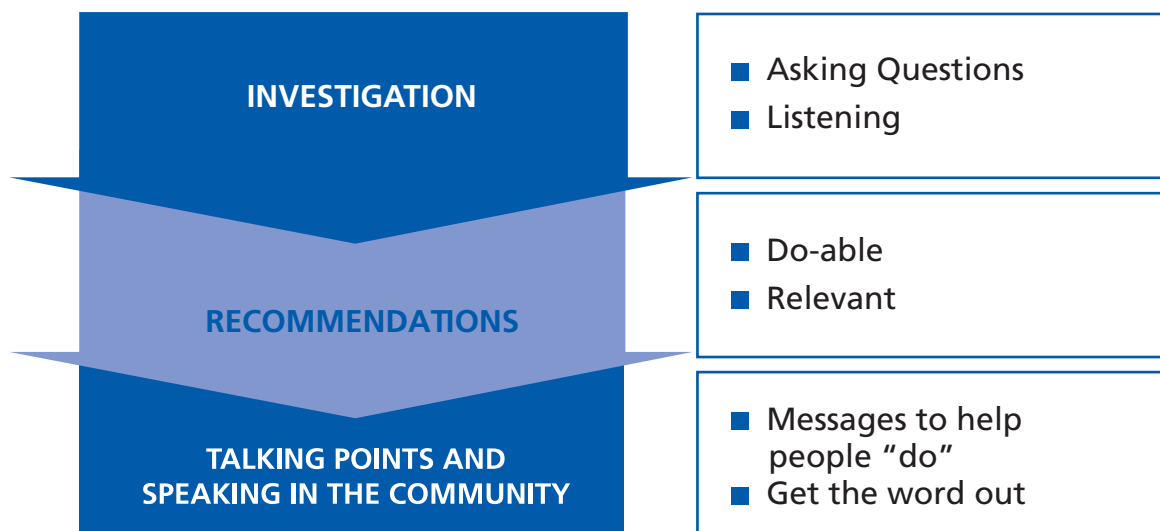
Closing (10 minutes)

INTRODUCTION TO LESSON 2

Purpose: To introduce lesson 2 and position communication within the epidemiologist's key responsibility of creating outbreak recommendations.

INTRODUCE TOPIC OF THIS LESSON: creating actionable recommendations and messages. Remind students of the communication skills that they learned from the previous lesson, and where Lesson 2 fits in:

COMMUNICATION SKILLS AT EACH STEP OF YOUR WORK



BETTER HEALTH FOR ALL

Explain that you will briefly review how to develop good investigation recommendations. Once an outbreak team has recommendations, the goal then is to disseminate these to all affected persons. Having the skills to analyze evidence from the investigation and create effective messages for various groups, whether written or to be spoken, will

help these groups better understand what to do in an outbreak situation and beyond.

Today we will start by:

- Reviewing what makes a good recommendation: that is, it is DO-ABLE to the people you are helping
- We will then examine who must do different things, that is, how audiences are different in what actions they need to take to stop an outbreak
- Then you will practice creating talking points for communicating to various audiences.

Explain that throughout the lesson, students should be aware of what words they use. The public does not have the expertise to understand scientific terminology or translate statistics into what it means to them. Point out a page of flipchart labeled “Tech Page.” Throughout lesson, post terms, data, statistics, other jargon that might not be understood by public. Explain that at the end of lesson, the group will review these and suggest lay terms, simple words, or descriptions.

REVIEW: DEVELOPING DO-ABLE RECOMMENDATIONS

(15 minutes)

Purpose: Review how epidemiologists create recommendations, from other FETP lessons. This lesson assumes that students have studied this material before, and is intended only as a review.

INTRODUCE TOPIC

One of the most important roles of the epidemiologist is to use investigation findings to create recommendations for the health system, the public and for officials. These recommendations are then

disseminated via various forms of communication, whether through press releases to the media or education through health workers.

If you have recommendations that are do-able, it will be easier to communicate those to the public and other groups. What are “do-able” recommendations? Look for:

- Evidence that taking these actions can stop or slow the outbreak
- These actions are in consistent with people’s beliefs and values
- People see benefit for themselves and their families by doing and thus have motivation
- People have the knowledge and skills to do the action
- People have the help or resources to do the action
- Credible people (doctors, community leaders, celebrities, peers, etc.) are supporting the actions.

Ask students to name criteria from their past experience that make a good recommendation. Look for:

- Evidence-based
- Specific
- Feasible
- Cost effective
- Acceptable
- Ethical

Evidence based	<ol style="list-style-type: none">1. Focus on the results of the investigations2. Leave aside -or present separately- general recommendations that are not direct deductions of your investigations For example, if a measles outbreak was caused by failure to vaccinate, proposing a cold chain review is useless and distracting
Specific	<ol style="list-style-type: none">1. Focus<ul style="list-style-type: none">■ Small number of key recommendations■ Ranked by order of priority2. Describe the action to be taken, exactly3. Avoid “should”4. Ask yourself: What, Who, When and How?

Feasible	<ol style="list-style-type: none"> 1. Do not recommend an action that you know will not or cannot be done 2. Consider <ul style="list-style-type: none"> ■ Logistics and time ■ System and access ■ Willingness ■ Ability/skills/capacity to pay ■ Sustainability 3. Identify small steps that may be taken to improve the situation
Cost effective	<ol style="list-style-type: none"> 1. Measure costs (direct medical cost and indirect—miss schools days, parents miss work, etc.) 2. Effects must be worth the costs <ul style="list-style-type: none"> ■ Substantial burden ■ Effective intervention 3. Common sense may be used in the absence of quantified documentation
Acceptable	<p>The recommendation is acceptable to the decision makers, stakeholders and public who must follow recommendation</p> <ul style="list-style-type: none"> ■ Politically/legally ■ Culturally ■ Socially
Ethical	<p>Principles:</p> <ul style="list-style-type: none"> ■ Guarantee confidentiality ■ Ensure equity ■ Protect minorities ■ Address gender issues ■ Avoid stigmatization or finger-pointing

If necessary, use these definitions to help students discuss each criteria:

Ask students to review these criteria and explain from whose point of view each must be addressed, that is, who do they need to listen to and ask questions of to get the information the need. Summarize the

discussion that the science provides data for the first criteria, and the health workers and public must believe the other criteria.

Link these criteria to behavior change communications: When communicating and educating people about how to change their behavior, we must give them do-able actions, from their point of view. These criteria also apply to creating action messages that audiences will find acceptable, if you are careful in crafting your recommendations.

For the rest of this lesson, explain that you will keep referring back to do-able actions from the point of view of various groups, or audiences. First, students will apply these criteria for recommendations using a case study.

ACTIVITY 1: OUTBREAK RECOMMENDATIONS CASE STUDY (15 minutes)

Purpose: Students practice applying the criteria from the previous discussion.

INTRODUCE THE ACTIVITY

Let's review a simple case study to see how the criteria apply to selecting recommendations following an outbreak investigation.

Read the scenario from FETP India:

A team of field epidemiologists are called to a small village in the hills of India, because of a local outbreak of hepatitis E.

The investigators suspect an unprotected well as the source of the outbreak. The data analysis suggests that the well was contaminated by a source case-patient living above the well and who did not use latrines.

The village had 946 residents living in about 105 households, served by 13 wells. 64% of cases could be attributed to the contaminated well.

The team proposes two possible recommendations to stop the outbreak:

- Install latrines in the whole village
- Protect the catchment area of the well

Let's examine these 2 recommendations by examining each one in light of the criteria we just discussed.

Ask students to go through the criteria list for each proposed recommendation, and give their assessment for each one if they meet the criteria. Create a chart on a flipchart and give each a check mark (✓) where students think the criteria is met, an X where not met, or a ? where they might need more information.

Criteria	Install latrines in entire village	Protect the catchment area
Evidence based		
Specific		
Feasible		
Cost effective		
Acceptable		
Ethical		

DEBRIEF

- Who would you talk to in the village to get more information?
- Which of the 2 recommendations is more specific, that is, you can tell exactly **who** is going to do **what**?

- How can we refine these recommendations to be more specific? (that is, **who, what, when, how?**)
- Does this refinement affect how you assess the other criteria?

SUMMARIZE

Formulating recommendations during and after an outbreak is a key first step to helping communities effectively stop the outbreak. Sometimes, you will need to make recommendations even if you have incomplete information. If the recommendations are clear and do-able, people are more likely to do them. And if you have clear and do-able recommendations, your job of communicating them to others will be easier, too.

ACTIVITY 2: WHOSE POINT OF VIEW? (15 minutes)

Purpose: Students sort health messages by audience, to see how actions and benefits differ based on the audience.

INTRODUCE ACTIVITY

The purpose of this activity is to explore how different groups of people, or “audiences”, have different points of view. Once you create recommendations, you will need to get them out to others. These are called “messages.” Messages are different to different people, based on their point of view.

These different points of view come from their demographic and cultural background, their roles in the society, and their relationship with the outbreak (whether they are immediately affected or making policy decisions to control the outbreak).

Briefly review some key points about why points of view are important to learn when creating messages:

- **Acceptable:** As we mentioned earlier, the action must be culturally or socially acceptable

- Feasible: People must be able to do the action, and have all the resources and skills
- Belief in efficacy or making a difference: People may need to be shown that it will make a difference
- See something worthwhile: People's view of the **benefit** of doing something may be different from yours. For example, while you may think using soap is necessary for containing an outbreak, people might name the benefit as "smelling nice".

Ask students to stand. Point out the posted flipchart pages around the room, labeled "Public", "Health care providers" and "Policymakers".

Explain that you will hand out sets of 3 message cards. Students should read the 3 messages and decide whose point of view is addressed on each card. Ask students to post their card on the appropriate flipchart page.

Hand out cards, 1 set per student. Give students a few minutes to read and post.

DEBRIEF

- What did you notice about the differences in these messages? How do the actions differ?
- Which messages include a benefit to the audience? That is, something that might motivate them?
- Which messages are missing a benefit or motivator? What would you add?
- What other audiences could we address for these health issues?

SUMMARIZE

The actions you communicate will be different for different people. And the benefits and motivators to help people do them will also differ. Keep in mind the different types of people who must help to stop an outbreak, and how each group has different points of view.

ACTIVITY 2: POINT OF VIEW CARDS

Create cards that show messages for community members, health workers and policymakers, such as the ones below. Print this page on heavy paper and cut into cards.

Keeping your chickens in a coop will keep your compound cleaner and your children healthier.	Test all patients with febrile respiratory illness for avian influenza. Send positive specimens to the Ministry of Health laboratory.	A poultry market must be set up 200 meters outside of the village.
Always wash your hands before feeding your infant.	Teach mothers of young children how to mix ORS at home.	
If you have a cough with fever, stay home from work.	Wear a face mask and wash your hands between patients to help you stay healthy.	The World Health Organization has raised the outbreak alert level to 5.
By cutting back on how much you smoke, you could save \$X each day.	Advise your patients to quit smoking. Your patients will respect your guidance.	A tobacco tax would prompt 1 million smokers to quit, and prevent 2 million young people from ever starting to smoke. The revenue from the tax can also fund health programs for needy children.
Many children are killed by cars in our city. Teach your child to cross the street at the crosswalk.		Traffic accidents are the leading cause of injury deaths, claiming on average 600 lives a year for the past five years.

ACTIVITY 3: WRITING TALKING POINTS

(30 minutes)

Purpose: Students practice how to prepare for talking with the public and other audiences by writing “talking points” using short case studies.

INTRODUCE ACTIVITY

Congratulate teams for making it through an investigation, creating do-able recommendations, and understanding what different people need to do an action. The final step before going out in front of a community meeting or a TV camera is to have “talking points”. Talking points are a one-page summary of what you must be sure to say, clearly and succinctly, whenever you have an opportunity to get your messages out. The messages should be consistent from everybody in your organization.

REVIEW

As we discussed earlier, your outbreak recommendations define what you need people to do. This then drives what you need to tell people: the messages for your audiences. This next activity you will practice writing some messages that you can share. “Talking points” are a list of messages you want to get out to address people’s concerns, clarify mis-information, and motivate them to take do-able actions during an outbreak. You can use talking points during your visit to affected communities, talking to mayor or other government officials, or when being interviewed by the media.

TALKING POINTS

- Summarize the most important information you want to get to the public
- Provide only the most important information so that the public won’t be overwhelmed with extra information
- Gives consistent messages from all spokespersons to prevent public panic. Panic stems from inconsistent or contradictory messages.

Talking points are your recommendations written out as “messages”, along with any other information you think is necessary to support your audiences in doing an action. Ask students what other information people might need to do an action? Look for: contact information for reporting, where to get medical care, how to use a medication or a device.

Ask students to look at the handout “How to Write Talking Points.” Answer any questions about the content.

Ask students to get into pairs. Distribute one case study to each pair. Give students a few minutes to read their case study and then provide instructions for the activity.

Ask students to select one audience from their case study. Remind the group that messages will be different for various audiences (especially officials versus health workers versus public) but all must focus on action and take into account points of view. Ask what some of the key differences are between audiences during an outbreak. Look for:

- How affected
- Role in mitigation
- Actions to take
- Medical care or services needed.

Ask pairs to work for 20 minutes to write talking points for one audience, based on their case study. Encourage them to do the best they can with the information they have. Remind them that in cases of outbreaks, time and information can be very limited.

Give pairs 20 minutes to work. Call time. Ask 2-3 pairs state their selected audience and then read their talking points.

DEBRIEF

- What made it difficult to write the talking points?
- What made it easier to write the talking points?
- What other information did you wish you had to help you write them?
- What questions do you have for your audience?
- How confident are you that your messages will be accepted by the audience? Why?
- What differences do you see between talking points for during an investigation and those for use after an investigation?

Make sure that each student has his/her own copy of their talking points for the next activity.

ACTIVITY 3: HOW TO WRITE TALKING POINTS

Our selected audience is: _____

Current situation:

In simple, lay language, describe the outbreak situation. Acknowledge fear, uncertainty, or pain.

Key action and who should do it:

Be specific.

Benefits, from audience's point of view:

Provide some motivation to help people care about doing something.

Other rationale, important facts from audience's point of view:

Instructions or information needed to do action:

Who are you, and what are you planning to do to solve the problem?

Use “we” for your organization or Ministry.

Where audience can find more information:

ACTIVITY 4: PRACTICE IN PAIRS

(30 minutes)

Purpose: Students practice how to incorporate competency, empathy, and trust into communication.

INTRODUCE TOPIC

Having talking points are extremely useful to be ready to go out and talk with the public about what should be done during an outbreak. You are now armed with the words, facts, and motivations to help others. Next we are going to practice another communication skill that will help you in your work.

Research shows that showing competency and empathy, as well as giving the public specific actions to take, avoids panic and helps the public better handle a crisis or emergency. In this activity, you will consider how you word your messages to show empathy and competency. If your audience sees that you are empathic and caring, they are likely to accept and act upon your recommendations.

Make the following points:

- Research shows that trustworthiness is established in first 9-30 seconds of an interview
- Trust, caring, empathy are shown through body and verbal language
- Verbal language: you **must say** you are concerned and acknowledge your audience's uncertainty, fear, and pain.
- Simple language: you must use the words and terms that the public uses, to establish connection.

If you establish trust and empathy right away in the interview, the public will be more likely to listen and believe you.

Explain that the final activity will be to practice using your talking points and establish trust and empathy at the start and describe commitment to solving the problem.

Give students a few minutes to read through their talking points and revise where needed:

1. Add empathy and caring
2. Make words and language more simple
3. Explain **how** they are solving the problem.

Ask students to get into new pairs. Distribute the handout: Observation Sheet. Give pairs time to review and ask questions. Review the sheet if necessary. (See box below).

Give the instructions for the activity: Explain that student will take a turn being the field epidemiologist to practice using their talking points as though they were speaking to a community member.

- You will each take a turn being the field epidemiologist. The other person will be the audience member.
- The field epidemiologist can ask questions to uncover concerns and provide responses to encourage acceptance of recommendations.
- You will have 3 minutes only.
- The community member can make notes on the observation sheet.
- We will discuss the experience afterwards.

Ask pairs to begin their role play practice. Circulate around the room to observe and answer questions, if necessary. After 3 minutes, call time and have students switch roles. After 3 minutes, call time again. Thank students for their participation in the practice. Give pairs a few minutes to discuss their experience and share feedback to each other, from the observation sheets.

Ask each pair to give feedback to the group on what worked well and what was difficult.

DEBRIEF WITH GROUP

- How does the limited amount of time affect which messages you are able to say?
- What makes it hard to show empathy or competence?
- What makes it easier to show empathy or competence?
- What makes it hard to use simple language?
- Who else can assist you in talking with people to establish trust and credibility?

INSTRUCTOR'S NOTE:

Skill to practice in this activity:	Why this is important:
Acknowledges concerns, fears or other emotions	Connect with public
Personalizes caring (within first 30 seconds)	Makes public feel concern
States confidence problem will be solved (even if not all info is available)	Instills confidence in solutions
Uses short words (< than 3 syllables ENG)	Improves public understanding
Uses common terms (lay language)	Improves public understanding
Uses short sentences (< than 10 seconds)	Improves public understanding and recall of messages
Describes risk or situation without statistics	Improves public understanding for informed decisions
Shows preparation and competence	Instills confidence and trust
Describes commitment	Instills confidence and trust

ACTIVITY 4

OBSERVATION SHEET FOR PRACTICE IN PAIRS

Student:	Yes	No	Notes:
Acknowledges concerns, fears or other emotions			
Personalizes caring (within first 30 seconds)			
States confidence problem will be solved (even if not all info is available)			
Uses short words (< than 3 syllables English)			
Uses common terms (lay language)			
Uses short sentences (< than 10 seconds)			
Describes risk or situation without statistics			
Shows preparation and competence			
Describes commitment			

Long words used:

Statistics stated:

Acronyms used:

Areas to practice:

CLOSING

(10 minutes)

Thank students for their participation during the lesson. Answer any questions from students.

Briefly review the terms listed on the “Tech Page”. Ask students to provide alternative terms or explain them in lay language. Stress that when talking with the public, whether during or after an investigation, using lay terms will help you get and give more information.

Explain that the next lesson, students will practice using talking points for talking with the press.

SUMMARIZE THE LESSON

Epidemiologists contribute valuable recommendations to help stop outbreaks and improve community health. But these recommendations must be given in such a way that the media and public can understand it. Having clear, simple talking points ready for different affected groups, with their points of view in mind, helps the public take action for better health.

LESSON 3

SPEAKING IN THE COMMUNITY

This lesson provides students hands-on practice using talking points and being interviewed by journalists and community members.

LEARNING OBJECTIVES:

By the end of this lesson, students will be able to:

- Name 3 benefits of working in partnership with the media in public health situations and emergencies
- Demonstrate effective interview skills during an interaction with a journalist or community member
- Effectively use talking points during an interaction with the community or media
- List 5 ways to monitor or gather feedback about community

PREPARATION

Review each activity to ensure local customs and examples are incorporated, such as body language and etiquette. A trainer's note at the top of each activity states the purpose for the activity, so that adaptations can keep the original intent of the activity.

Identify appropriate talking points for practice activities. You may wish to use one of the following:

- Talking points created by the students during Lesson 2,
- The sample talking points in this lesson, or
- Other local examples.

Prepare and post a flipchart page labeled “Tech Page”.

If students may work with the media in the future, review the activities in this lesson and decide if inviting guest journalists would benefit the students’ experience. The activities in this lesson can be conducted in collaboration with journalists in your local area.

Contact and invite a small number of journalists and media contacts to help you organize and run the class. The journalists should reflect a variety of media (that is, radio, television and print) and be interested in making contacts for future health-related stories. Offer them a chance to meet epidemiologists to whom they can turn in the future for their stories.

- Ask invited journalists to bring equipment with them, or see materials list, below.
- Meet with the journalists before the class to share the activities and go over responsibilities during the lesson.

If your students will not be in positions directly relating to the media, or if you are unable to invite journalists, use other instructors or students to act as concerned community members or community leaders. See the instructor’s note below.

MATERIALS

1. Video segments from Lesson 1 Optional Activity (if conducted) and play back screen.
2. At least 1 video recording device (either a hand-held digital camera with video function or a video camera)
3. Several (at least 1 for every 2 participants) audio-recording devices (hand-held tape recorders, MP3 players or digital cameras with audio recording capabilities)
4. Copies of handouts (1 set per student)
5. Flipchart and markers
6. Sign out sheet for recording devices, for students to take responsibility for their safe keeping.

LESSON OVERVIEW

Getting the Word Out (15 minutes)

Activity 1: Using Talking Points (40 minutes)

Activity 2: Body Language (30 minutes)

Activity 3: Feedback Loop (15 minutes)

Lesson Discussion (15 minutes)

Review of all Lessons (15 minutes)

Closing (5 minutes)

INSTRUCTOR'S NOTE

To help students get more time to practice in class, ask other students or instructors to act as concerned community leaders or journalists during this lesson. Here are some tips for this:

- Invite instructors or students from other sections or university programs to assist you, so that the FETP students can focus on practicing the skills in the class, and not have to switch roles. You will need 1 interviewer for every 2 students.
- Hold a planning meeting prior to the class to help the invited instructors and students practice being community members/journalists prior to the class.
- Emphasize that their role is to help students practice interview skills, not to stump them or scare them from future interviews or speaking with community groups.
- Ask them to practice using the recording devices

Using the selected talking points, prepare interview questions ahead of time. Sample questions are:

- Why did this outbreak occur?
- Why wasn't this prevented?
- Who is to blame?
- When did you begin working on this (were notified of this, determined this)?
- Why weren't you working on this before that time?
- What do these data/information/results mean?
- What are you doing for the people who are sick/got hurt?
- Is our town/neighborhood safe?
- What people do to protect themselves?
- How long until the vaccine/medicine is available?
- Is the situation under control?
- What can we expect?

- Who's in charge?
- What else can go wrong?
- Why hasn't the Ministry put enough resources into this problem?
- What bad things aren't you telling us?

GETTING THE WORD OUT

(15 minutes)

Purpose: To introduce need for communication skills for getting information out.

INTRODUCE THE LESSON

Review the outline and activities. Explain the purpose: students will practice interviewing techniques and speaking using talking points. Ask the guest journalists, if any, to introduce themselves and state their affiliations.

CONDUCT A BRIEF DISCUSSION to introduce the topic of talking with communities and working with the media to get the word out:

- Ask students for any experiences speaking at community meetings or other events to disseminate recommendations or health advice.
- Briefly discuss a recent health event in the community, such as H1N1 influenza. How did the public get information? How did the media present the information? What other things could have been done to get accurate and useful information?

Ask students what they want to learn about talking with communities and getting the word out. Review quickly the skills they will practice in this lesson:

- Using talking points
- Making your message clear and consistent
- Using appropriate body language.

Explain that there are many ways field epidemiologists can help get information out to the community. Working with the media may not be the role of epidemiologist. But talking with other health officers, briefing other officials, answering questions from community leaders, and speaking at town hall or village meetings may all be ways to help get the word out during an outbreak. Each of these activities require effective speaking skills to get the most important information out, without becoming distracted by panic, myths, and other diversions from what is important to convey.

If relevant, ask students how working better with the media can help them in their roles, and help improve public health. Look for:

- Media can reach many people
- Media can quickly get out emergency information
- Media can give the public resources to turn to, such as phone numbers or addresses to go for help
- Media can provide a forum for the public to voice their concerns.

If relevant, ask one guest journalist to briefly describe the benefit of having a relationship with an epidemiologist. Look for:

- An expert to on call if he/she has factual questions or need to correct misinformation
- A contact to call if there are concerns in the community or rumors
- Offers the epidemiologist a channel for getting information out quickly in an emergency.

Ask students what might be some of the challenges for working with the media. Some examples might be:

- Media does not present the story in positive light
- Media mis-represent situation or provides mis-information
- Media is looking for “bad” news
- Journalists ask trick questions.

Stress that being prepared to meet the community and the press and getting your message out **first** can eliminate many of these potential problems. Also state that by meeting and working with journalists before an emergency or outbreak can establish a working relationship based on trust and respect to better inform the public.

SUMMARIZE THE DISCUSSION

- Having a good relationship with the media is important in getting out correct information in a timely way.
- Being ready to talk directly with the community or the press means having messages ready and feeling confident in how to present them.

Explain that the public and the media see epidemiologists as a trusted source of information. And epidemiologists can offer a confident voice to the public in a crisis or during an emergency. However, the public does not have the expertise to understand scientific terminology or translate statistics. Post a page of flipchart labeled “Tech Page.” Throughout the class, post terms, data, statistics, or jargon that might not be understood by public. Explain that at the end of the lesson, the group will review these and suggest lay terms, simple words, or descriptions.

ACTIVITY 1: USING TALKING POINTS (40 minutes)

Purpose: Students use talking points to practice interview skills.

If students have not had **Lesson 2**, briefly define talking points. Ask the students who have been interviewed in the past (or in the ambush interviews) for their views of the usefulness of talking points in preparing for an interview.

Have a brief **discussion** about the ambush interviews held earlier (Lesson 1). Play back the tapes and discuss:

- What information were you able to convey?
- Did the interviewer ask for any preventive information?
- What would the public have learned from this interview if it were broadcast?
- How did the interviewer ask trick or leading questions?

Explain that by having some prepared messages, you can insert more valuable information into your interview to help the public become informed.

Explain that their first activity will be to practice an interview focused on using talking points. Ask students to pair up. Assign an interviewer to work with each pair. Distribute the handout with 2 sets of talking points and observation sheet.

EXPLAIN THE ACTIVITY

- Each student has 2 sets of talking points in their handouts. Ask pairs to choose who will use which set. If you have worked through local case studies during Lesson 2, use these talking points you developed instead.
- Point out the observation sheet. Ask students to review the items and what they are being asked to practice. Note that the observation sheet uses best practices for good communication
- Ask students if they have any questions about the points on the observation sheet. Review the sheet if necessary. (See box below).
- Students take some time to read through the talking points and make a few notes to prepare for the interview.
- Ask interviewer or “community member” to conduct a 3-5 minute interview with the first student. The other student will use the observation sheet to make notes on how the interviewee is communicating. Then the students will switch.

Have the interviewer or “community member” conduct the interviews. Circulate around the room to observe and answer questions, if necessary. Keep track of time and remind students to switch roles.

Call time and ask pairs to join another pair, creating groups of 4. Ask observers and interviewer/community member to present to the small groups each interview by showing the video or playing the recording. Ask observers and interviewer/community member to select one strength and one point that may need additional practice.

Allow groups to work for about 15 minutes. Not all interviews may be reviewed. Ask students to give the observation sheets to the corresponding interviewee.

LEAD A SUMMARY DISCUSSION

- What made it easy to use the talking points?
- What was challenging about using the talking points?
- Was there more information you wanted to provide? If so, what and why?
- What questions did the interviewer have that were off topic for you? How easy or difficult was it to redirect?
- What questions do you have about the skills on the observation sheet?

INSTRUCTOR'S NOTE

Skills on Observation Sheet

Skills to practice:	Why this is important:
States key messages concisely	Listener will lose meaning if message is too long or rambling
Gives clear action to take; show the action if possible	Most outbreaks or emergencies require public action; action relieves stress of emergency by giving people control of something
Is transparent about information available	Public and media should not think any information is hidden
Accurately portrays the risk; doesn't over-reassure or dismiss problem	Help public make informed decisions
Acknowledges uncertainty	Public and media should not think any information is hidden
Explain when more information will be available if the situation is not clear for the time being	Help to reduce public's anxiety
Uses "we" for organization/Ministry	Helps avoid long organizational names or acronyms; gives speaker a more friendly tone
Speaks clearly	Ensure understanding
Speaks at good pace and fluidly (without long pauses, "umms", "errrs")	Hesitation may make listener think speaker is lacking confidence or not sharing all information
Redirects negative questions	Keep messages positive in tone
Corrects misinformation, myths or rumors	Help public make informed decisions

ACTIVITIES 1 AND 2: TALKING POINTS FOR INTERVIEWS

TALKING POINTS A: AVIAN INFLUENZA

- It is very difficult for humans to get avian flu.
- But if someone has signs of a serious respiratory infection, they should go to the clinic for care.
- Avoid close contact with chickens. Keep birds in a coop outside your home.
- Always wash your hands after handling chickens, to remove droppings and mucus.
- Cook poultry meat and eggs until well done. Well-cooked eggs and chicken are good for family health.
- The Ministry of Health has trained health workers about avian flu, and your clinic is ready to help you. We are tracking all cases to make sure the disease does not spread.

TALKING POINTS B: CARING FOR FLU IN THE HOME

- We anticipate that the flu may return.
- If you or anyone in your family is showing signs of the flu, stay home until fully recovered.
- Rest in a separate room or space, to stop spreading the disease to others.
- Assign one person in the family to be a caregiver to the sick family member to avoid exposing all family members to the flu.
- Wash hands before and after patient care.
- Use separate eating and drinking utensils, towels, sheets, and blankets for the sick family member.
- The Ministry of Health is tracking cases of the flu, and has trained health workers about the flu so they are better ready to help patients.

ACTIVITIES 1 AND 2: QUESTIONS FOR INTERVIEWS

- Why did this outbreak occur?
- Why wasn't this prevented?
- Who is to blame?
- When did you begin working on this (were notified of this, determined this)?
- Why weren't you working on this before that time?
- What do these data/information/results mean?
- What are you doing for the people who are sick/got hurt?
- Is our town/neighborhood safe?
- What people do to protect themselves?
- How long until the vaccine/medicine is available?
- Is the situation under control?
- What can we expect?
- Who's in charge?
- What else can go wrong?
- Why hasn't the Ministry put enough resources into this problem?
- What bad things aren't you telling us?

ACTIVITY 1

OBSERVATION SHEET: USING TALKING POINTS

Interviewee:	Yes	No	Notes:
States key messages concisely			
Gives clear action to take; model the action if possible			
Is transparent about information available			
Accurately portrays the risk; doesn't over-reassure or dismiss problem			
Acknowledges uncertainty Explain when more information will be available			
Uses "we" for organization/Ministry			
Speaks clearly			
Speaks at good pace and fluidly (without long pauses, "umms", "errrs")			
Redirects negative questions			
Corrects misinformation, myths or rumors			

Areas to practice:

ACTIVITY 2: BODY LANGUAGE

(30 minutes)

Purpose: Students practice being interviewed, with a focus on body language

REVIEW with students what they learned in **Lessons 1** and **2** about body language for inter-personal communication and interviewing. Look for:

- Eye contact
- Nodding head, showing attention to speaker
- Leaning forward.

Note that the same skills help a person appear confident and trust-worthy when they are being interviewed.

Ask students in their culture, what types of body language make them credible and trustworthy. What might make a person seem untrustworthy or not credible?

Ask students how they saw themselves on tape from the first practice interviews. What about their body language would they change?

Explain that the next activity will be to practice an interview while using appropriate body language. Explain that when interviews are on camera, the viewer may pay more attention to body language, especially if the viewer can't hear well or can't follow the language. In many cases, body language conveys 75% of the message to the viewer.

Ask students to pair up again, but with a different partner. Assign a journalist or student playing a concerned community member to work with each pair.

EXPLAIN THE ACTIVITY

- Ask students to repeat their interview using the same talking points.
- Point out the observation sheet. Ask students to review the items and what they are being asked to practice. Note that the observation sheet uses best practices for good communication.
- Ask journalists to conduct a 3 minute interview with the first student. The other student will use the observation sheet to make notes on how the interviewee is communicating. Then the students will switch.

Have the journalists conduct the interviews. Circulate around the room to observe and answer questions, if necessary. Keep track of time and remind students to switch roles.

Call time and ask pairs to join another pair, creating groups of 4. Ask observers and journalists to present to the small groups interviews that were captured on video. Ask students and journalists to select one strength and one point that may need additional practice.

Allow groups to work for about 15 minutes. Not all interviews may be viewed. Ask students to give the observation sheets to the corresponding interviewee.

LEAD A SUMMARY DISCUSSION

- What made it easy to use appropriate body language?
- What was challenging about using appropriate body language?
- What questions do you have about the skills on the observation sheet?

ACTIVITY 2

OBSERVATION SHEET: BODY LANGUAGE

Interviewee:	Yes	No	Notes:
Leans forward			
Looks at interviewer			
Nods head when interviewer is speaking to show listening and understanding			
Tone of voice is calm and low			
Hands down (away from face) and arms open (not crossed)			
Body is calm, not fidgety			
Face is open and eyebrows raised			
Manner is: ✓ Confident ✓ Patient ✓ Caring			

Areas to practice:

ACTIVITY 3: FEEDBACK LOOP

(15 minutes)

Purpose: Students name ways that they can stay abreast of public concerns.

REVIEW the concept that communication is two-way sharing. Ask students how much listening they did during these practice activities. What did they listen for? What did they hear?

Remind students that when messages are sent out into the community, the sender is still responsible for listening for feedback. That is, when epidemiologists send out outbreak or prevention recommendations, there must be monitoring to make sure they are working. Feedback can help adjust, update, or re-do recommended actions.

Ask students to get into teams of 4. Have each team pick a note-taker.

EXPLAIN THE ACTIVITY

Teams will have 5 minutes to list as many ways they can gather feedback after disseminating messages during an outbreak.

Call start and time the teams. Call time after 5 minutes. Ask each team to count up how many answers they came up with.

INSTRUCTOR'S NOTE

Feedback mechanisms could include:

- Number of media stories printed/aired
- Call-in radio show topics
- Editorials; letters to the editor
- Feedback from health workers
- Phone calls to hotline
- Hits to information Web site

- Community assessments
- Telephone surveys
- Household surveys
- Focus groups
- Clinic visitation / hospital rates
- Other service rates (vaccinations; sales of products or devices).

DEBRIEF

- What made it hard to think of feedback methods?
- Which feedback method on your team's list do you think will be the most difficult to implement?
- Which feedback method on your team's list is the most effective?
- Which feedback method on your team's list would be the fastest method during an emergency situation?
- Which feedback method on your team's list would be the most feasible in the field?
- Whose help do you need to conduct feedback methods?

SUMMARIZE

There are a variety of ways that public health workers and epidemiologists can hear back from the public during campaigns or outbreaks. Some ways are more challenging and require planning and resources. Other methods may be more imprecise or anecdotal, but can still give you an impression of how your messages are being received.

LESSON 3 DISCUSSION

(15 minutes)

Purpose: Students review main points from lesson and establish contact with journalists.

Thank the students and journalists, if any for their good work. Ask the observers to provide 1-2 points each of feedback to the group. If journalists are in the class allow about 10 minutes of Q&A time for

students to ask questions of the journalists. Encourage them to exchange contact information for future work together.

Thank the journalists for their time and allow them to leave the class.

Ask the students to review the “Tech Page” on the wall. Pick out 4-5 terms and ask the group to provide alternative words or simple definitions. Ask students to select others and give share their terms with the group.

SUMMARIZE THE LESSON

- By being prepared with your talking points, you ensure that you get helpful information out to the public.
- In cases of outbreak or emergency, you want your recommendations to be heard first and to be believed above other rumors or hearsay.
- By practicing communication skills and collecting feedback, you can ensure that you are seen by the public as a credible and trustworthy, whose recommendations are worth listening to and believing.

Thank the journalists for their time and allow them to leave the class.

REVIEW OF ALL LESSONS (30 minutes)

Purpose: To allow students to review the lessons and integrate learning.

Refer back to the summary graphic depicting the lessons. Review the skills that the students learned:

- Listening to communities
- Asking careful and appropriate questions
- Making inferences and staying objective
- Formulating do-able recommendations to stop outbreaks

- Getting recommendations out to people, respecting their points of view
- Speaking with the media and community members
- Paying attention to feedback.



Divide students into 5 groups. Assign each group a topic and ask students to prepare a flipchart page with several implications or key points to remember from the lessons. Explain that the topics may not directly correspond to the lessons, but instead ask the students to extend what they learned into their job responsibilities. Topics may include:

- Key learnings from the field visit
- Using simple language and lay terms
- Differences between audiences and their needs
- Questions to ask during an investigation
- Improvements to speaking skills and body language.

Allow groups to work for 10 minutes. Call time and ask each group to present 3 key points from their flipchart summaries.

Hold a short discussion on how students can further integrate the learnings into their jobs:

- In what ways will you prepare for field work?
- If applicable, what learnings did you take away from working with journalists that you will use in your future work?

- Ask what other communication skills could assist you in your work.
How may you be able to practice or learn these skills?

Congratulate the students on these practical skills.

CLOSING

(5 minutes)

Thank participants for all their efforts through the 3 lessons.
Answer any remaining questions. Provide information about
next classes or schedules.

ANNEX: CASE STUDY 1

CHOLERA IN LUSAKA, ZAMBIA (PART 1)

SITUATION

Cholera epidemics were widespread in Zambia during the 1990s. In response, the Ministry of Health urged use of in-home chlorination with a locally produced bleach solution. The use of the in-home solution increased substantially with a Safe Water System, a point-of-use water disinfection and safe-water storage program. For several years, no further outbreaks were reported.

Then in November 2003-January 2004, the city of Lusaka saw an estimated 2,529 cholera cases and 128 cholera deaths. In December 2003, the city's district health team quickly opened up cholera treatment stations.

Seven centers were functional by early January 2004, and all patients with suspected cholera were to be referred to these facilities.

About estimated two thirds of Lusaka's residents live in shantytowns without municipal water supplies or sewer systems.

PREPARATION:

You are a field epidemiologist called in to interview community members from neighborhoods where some cases have originated. The investigation is ongoing, and no results are available yet.

FIGURE. Treatment and recovery tents at Chawama Cholera-Treatment Center, where more than 100 patients per day were treated at the peak of the epidemic — Lusaka, Zambia, 2004



Photo/CDC

Prepare talking points for one audience:

- What would you expect to say to the families who are worried about cholera?
- What can you say to a mother who is caring for a child with diarrhea?
- What can you say to the community leader who approaches you because he heard you were in the neighborhood?
- What can you say to passers-by who see the cholera tent?

Source: CDC (2004),
Cholera epidemic associated with raw vegetables –
Lusaka, Zambia, 2003—2004,
MMWR
53(34):783-6 (September 3).

ANNEX: CASE STUDY 2

CHOLERA IN LUSAKA, ZAMBIA (PART 2)

SITUATION

Cholera epidemics were widespread in Zambia during the 1990s. In response, the Ministry of Health urged the use of in-home chlorination with a locally produced bleach solution. The use of the in-home solution increased substantially with a Safe Water System, a point-of-use water disinfection and safe-water storage program. The country's Safe Water System showed wide success, and for several years, no further outbreaks were reported.

Then in November 2003-January 2004, the city of Lusaka saw an estimated 2,529 cholera cases and 128 cholera deaths. In February 2004, the city's district health team began an investigation.

The analysis showed the following:

- Eating raw vegetables was associated with cholera.
- Hand soap was observed in 58% of the patient homes and 90% of the control homes. Presence of hand soap was considered a proxy for actual hand washing and was determined to be protective.
- Drinking untreated water was reported by 67% of patients and 52% of controls, but the association with disease did not reach statistical significance.
- In-home chlorination of drinking water was reported by 66% of cases and 67% of controls. Free chlorine residuals were detected in stored water in 27% of case homes and 20% of control homes.

Consumption of raw vegetables was significantly associated with cholera. Handwashing (as seen by the presence of hand soap) was protective against cholera.

COMMUNICATION

You are a field epidemiologist called in to interview community members from neighborhoods where some cases have originated. The investigation results just became available.

Prepare talking points for **one audience**:

- What would you expect to say to the **families** who are worried about cholera?
- What can you say to a **mother** who is caring for a child with diarrhea?
- What can you say to **the community leader** who approaches you because he heard you were in the neighborhood?
- What can you say to **market women** who are selling vegetables?
- What can you say to the **journalists**, who have come to investigate for the media?

Source: CDC (2004),
Cholera epidemic associated with raw vegetables –
Lusaka, Zambia, 2003—2004,
MMWR
53(34):783-6 (September 3).

ANNEX: CASE STUDY 3

SARS OUTBREAK IN AMOY GARDENS HOUSING BLOCK (PART 1)

SITUATION

In early 2003, residents of Amoy Gardens, a housing complex in Hong Kong, experienced an outbreak of SARS. The outbreak began in mid-March, when a 33-year-old man visited his brother in Block E of Amoy Gardens. The man was having diarrhea at that time, and he used the toilet there. His brother, sister-in-law, and two nurses who attended to him at a nearby hospital subsequently developed SARS.

The outbreak in the housing complex reached its peak on March 24th and declined steadily afterwards. It was hypothesized that all the cases in Amoy Gardens contracted SARS from just one man. By April 15th, there were 321 SARS cases in Amoy Gardens.

INVESTIGATION

It was hypothesized that the index patient infected a small number of residents within his brother's housing unit through the sewage system, person-to-person contact, and the use of shared communal facilities (such as elevators and stairwells). These residents subsequently transmitted the disease to others both within and outside the unit through person-to-person contact and environmental contamination.

The department of health set up an investigation command center in the lobby of the housing unit. The entire housing complex was surrounded by yellow "caution" tape to limit entry into the buildings. Residents of the unit were evacuated and put in isolation in a hotel.

Public concern increased with the appearance of health workers in full personal protection equipment in the lobby of the unit. The press stationed itself outside the housing complex to follow the investigation minute-by-minute. Local residents around the complex avoided walking on the street.

COMMUNICATION

You are a field epidemiologist called to work in the command center during the investigation. Prepare talking points for one audience:

- What would you expect to say to the **reporters** outside on the sidewalk?
- What can you say to the **residents** who must be evacuated?
- What can you say to **residents who are afraid** to come into their buildings after seeing the yellow tape all around?
- What can you say to **passers-by** who see you in a full protective suit?
- What can you say to the **community leaders** of this city neighborhood?
- What can you say to the **health workers** of the clinic in this neighborhood?

NOTE: Photos from Time magazine of the investigation team and evacuation:

www.time.com/time/asia/photoessays/sars/hongkong/index.html

ANNEX: CASE STUDY 4

SARS OUTBREAK IN AMOY GARDENS HOUSING BLOCK (PART 2)

SITUATION

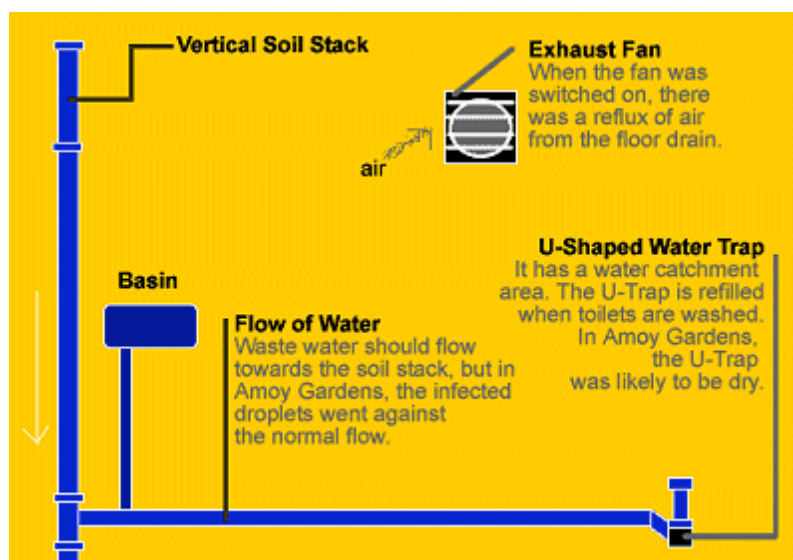
In early 2003, residents of Amoy Gardens, a housing complex in Hong Kong, experienced an outbreak of SARS. The outbreak began in mid-March, when a 33-year-old man visited his brother in Block E of Amoy Gardens. The man was having diarrhea at that time, and he used the toilet there.

The outbreak in the housing complex reached its peak on March 24th and declined steadily afterwards. It was hypothesized that all the cases in Amoy Gardens contracted SARS from just one man. By April 15th, there were 321 SARS cases in Amoy Gardens.

INVESTIGATION

The investigation team evacuated the housing unit where the outbreak began. The results of the investigation found that:

- The index patient with diarrhea infected a small group of residents through the sewage system, person-to-person contact, and the use of shared communal facilities (such as elevators and stairwells).
- Residents came into contact with small sewage droplets containing viruses. These droplets flowed out of bathroom floor drains when exhaust fans were turned on.



- Contaminated droplets could then have deposited virus on various surfaces, such as floor mats, towels, toiletries, and other bathroom supplies.
- These patients then transmitted the disease to others both within and outside the unit through person-to-person contact and environmental contamination.

COMMUNICATION

You are a field epidemiologist called to work during the investigation. Prepare talking points for **one audience**:

- What would you expect to say to the **reporters** outside on the sidewalk?
- What can you say to the **residents** who were evacuated?
- What can you say to residents of **other buildings who are afraid** of an outbreak in their building?
- What can you say to the **community leaders** of this city neighborhood?
- What can you say to the **health workers** of the clinic in this neighborhood?

NOTE: Photos from Time magazine of the investigation team and evacuation:
www.time.com/time/asia/photoessays/sars/hongkong/index.html

ANNEX: CASE STUDY 5

BOTULISM IN ARGENTINA

SITUATION

In 1998, a Buenos Aires hospital telephoned the Ministry of Health to report two possible cases of botulism. Both patients were drivers for the same bus company and drove the same route and shift. The patients knew each other but worked on different days of the week.

To find additional cases, the Ministry contacted all employees of the bus company and hospitals were asked to report any patients with acute neurologic illnesses that could be botulism. Family members of cases were questioned about whether they also had symptoms of botulism. In addition, the Ministry developed a press release for the local news media.

The Ministry identified seven additional patients with neurologic signs consistent with botulism.

All patients were drivers from the same bus company and drove the same route.

COMMUNICATION

You are on the investigation team to help question family members and other bus drivers about the outbreak. The investigation is ongoing, and no results are available yet.

Prepare talking points for **one audience**:

- What would you expect to say to the **families** who are worried about botulism?
- What can you say to the other **bus drivers**?
- What can you say to the **community leader** who approaches you because he heard you were in the neighborhood?
- What can you say to **reporters** who saw the press release and are investigating the story?

BACKGROUND

Outbreaks of botulism have been linked to improperly preserved **vegetables**, fruits, and meats including fermented fish products, sausages, smoked meat, and seafood. *Clostridium botulinum* is a spore-forming obligate anaerobic bacterium (i.e., it cannot grow in the presence of oxygen). The spores are widespread in soil and dust worldwide. The toxin is produced in improperly canned, **low-acid** or alkaline foods and in pasteurized and lightly cured foods held without adequate refrigeration, especially in airtight containers. The toxin is destroyed by boiling; inactivation of spores requires much higher temperatures.

The clinical syndrome of botulism is dominated by neurologic signs and symptoms. Dryness of the mouth, drooping eyelids, **and** blurred and double vision are usually the earliest neurologic complaints. These initial symptoms may be followed by disturbances in speech, difficulties swallowing, and peripheral muscle weakness. If respiratory muscles are involved, ventilatory failure and death may result. The average incubation period for botulism is 18-36 hours, but symptoms can occur as early as six hours or as late as 10 days after exposure.

Source: CDC Web site www2a.cdc.gov/epicasestudies/

ANNEX: CASE STUDY 6

DENGUE IN INDONESIA

SITUATION

In 2004, Indonesia conducted a study of dengue rates across the archipelago. Dengue hemorrhagic fever (DHF) rates were collected and analyzed from all sub districts, along with demographic and weather patterns.

The study found:

- Temperature was not correlated with DHF
- Rainfall and humidity was correlated with DHF
- Fogging (spraying with pesticides) was found to be ineffective
- High density neighborhoods in the capital, Jakarta, had high incidence of DHF.
- Water tested from storage containers inside and outside of homes showed evidence of larvae.



COMMUNICATION

You are called in to visit a crowded urban neighborhood to begin a dengue eradication program. Prepare talking points for **one audience**:

- What would you expect to say to a **family** who is worried about the disease?
- What can you say to the **community leader** who approaches you because he heard you were in the neighborhood?
- What can you say to **health workers** at the local clinic?
- What can you say to the **reporter** who heard about the study's results?

ANNEX: CASE STUDY 7

H1N1 INFLUENZA IN CHAMPASAK

SITUATION

Along the border of Thailand and Lao, extended families live in both countries and are successful in trade and commerce. The family owns a business that serves both communities; it has several shops in both countries and imports products from all over the region. There is extensive travel across the borders to transport merchandise and deliver products to the different stores as well as oversee activities and check on business. Nipone, 36, a son of the business owner whose home is in Champasack, visits a relative in Thailand and another in Lao, as well as goes on purchasing business that takes him to China, Vietnam, and Thailand.

After a recent purchasing trip he returns to his village and participates with his family in celebration for the Lao Water Festival. He seems many people, eats dinner with his family, including family visiting from other parts of Lao. A few days after the festival he became ill with chills and fever and body aches.

Initially his wife, Pinney, thought it was a sickness that would get better in a day or so but instead he became sicker. She is now worried and talked to her neighbor who was a community health worker and described Nipone's symptoms.

INVESTIGATION

The Field Epidemiologist is called in and works with the community health worker to interview the family. The investigation is ongoing, and no results are available yet.

COMMUNICATION

Prepare talking points for one audience:

- What would you expect to say to the family who is worried about the disease?
- What can you say to the community leader who approaches you because he heard you were in the neighborhood?
- What can you say to health workers across the border?

ANNEX: CASE STUDY 8

H1N1 INFLUENZA OUTBREAK IN A UGANDAN SECONDARY SCHOOL

SITUATION

Bushenyi town in Southwest Uganda is a busy agricultural town with about 425,000 residents. The 500 boys at the local Kitabi Seminary, a residential school for secondary students, come from families around the district. The students visit the town often for shopping and cultural activities, and their family members visit the school regularly.

In September 2009, a district health officer reported a suspected influenza-like illness in Kitabi Seminary. A team from the epidemiology and surveillance division of the Ministry of Health and the Uganda virus research institute arrived the following day to conduct a rapid investigation.

INVESTIGATION

The team set out to:

- Collect samples from symptomatically sick students for laboratory testing
- Record the presenting symptoms from students
- Guide the district and the school on appropriate control measures.

A total of 173 students fell ill within 5 days. The first ill students had just returned from their holidays 5 days earlier. School officials sent some students home before realizing the extent of the spread of the disease.

The main symptoms reported by the ill students were headache, cough, runny nose, fever, and chest pain. Ill students were isolated in a small room designated as the school's sick bay, and in one dormitory. The ventilation in the dormitories was inadequate, and beds were double bunks.

The team collected nasal and pharyngeal swabs from 10 symptomatic cases for laboratory analysis. Eight samples tested positive for H1N1.

The outbreak team set up a treatment centre in the school, and administered 480 doses of oseltamivir, an anti-viral medication.

COMMUNICATION

You are part of the outbreak team called in to help follow-up with students and the community. Prepare talking points for **one audience**:

- What would you expect to say to **families** who are coming to the school to check on the health of their sons, who are in isolation?
- What would you expect to say to **families** whose son was sent home after falling ill?
- What would you say to other **school leaders and staff** from Bushenyi's other schools?
- What would you expect to say to the **community leaders of Bushenyi**, who are concerned about the outbreak spreading into the town?
- Some students live outside the district. What would you expect to say to other **district health officers** from these districts?

TO HELP US EVALUATE THE LESSONS

Please complete the following questions in relationship to the Lessons taught.

1. One new thing I learned today was...
2. Of all the things I learned today, the one that will be most useful to me in my work is...
3. One thing I am still unsure of is...
4. What suggestions do you have that would improve the lessons?

5. Are there areas in communication that we did not cover that you believe would be helpful in your work? (Please elaborate)

6. Do you think this workshop could be applied in your field work?

1. Not helpful
2. Somewhat helpful
3. Very helpful

Please explain/How could it be applied?

7. Do you think (this session of the workshop was / the workshop sessions were) clear and understandable?

1. Not at all
2. Somewhat
3. Very

Please explain:

We appreciate your feedback.

