

Principles in Plain Language Script:

Hi, everyone. Thanks for joining us. We're going to give additional attendees just one more minute to join on, and then we'll get started. You'll see some polls have popped up on your screen. If you wouldn't mind filling those out as you wait, we'll get started shortly. Thank you for joining.

All right. Let's go ahead and get started. Thank you all for joining again. My name is Chelsea Parsons and I'm a consultant with Guidehouse supporting the CDC OneLab Initiative. A couple of notes about the webinar before we dive in. If you're having any technical issues at all throughout the webinar, you can email them to our email address. That's onelab@cdc.gov. That's onelab@cdc.gov, we'll do our best to help you out.

If you have any questions throughout the presentation at all at any point in time, you can insert them into the Q&A function. You'll see that at the bottom of your screen in the little black banner, a Q&A function. We'll be answering some questions throughout, and we'll also have a 15-minute Q&A session at the end of the presentation where we'll do our best to go through as many of those questions as we can, and you'll get some time to ask our presenters some of those burning questions.

Note that we'll post the link to the live chat, to the live captions in the chat box. This is if you need to follow along to captions throughout the presentation. Just one thing to note, is if you are going to access these live captions, make sure you keep your Zoom link open as well as the live captions link open.

So today we'll start by introducing our presenters. We'll discuss some new and featured OneLab resources, we're going to go into our main presentation, communications for laboratory professionals. We'll have that 15-minute Q&A session that I mentioned, and then we'll discuss an upcoming event.

So today's presenters are Dr. Alexandra Mercante and Meredith Reagan. Dr. Alexandra- or Alex- Mercante is the Associate Director for Communication in the Division of Laboratory Systems. She began her career at CDC in 2012 as a postdoctoral fellow in the National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention.

Dr. Mercante has served as a quality systems manager, laboratory safety manager, and communication lead for the Enteric Diseases Laboratory branch and the National Center for Emerging and Zoonotic Infectious Diseases. She also led the

development of the EDLB Quality Assurance and Indicator Review assessment Tools, Laboratory Safety Incident Notification Job Aids, and she piloted targeted QMS training approaches.

As communication lead, she led communication campaigns for the PostNet transition to whole genome sequencing and the 20th anniversary of PostNet. Dr. Mercante is committed to public health emergency responses. She served as the laboratory co-lead on the Infectious Disease and Medical Countermeasures Task Force for the 2017 Hurricane Maria response, and as the communication deputy- communication team deputy lead the Laboratory and Testing Task Force for the 2019 novel coronavirus response.

Dr. Mercante earned a Bachelor of science in microbiology from the Louisiana State University and a PhD in microbiology and molecular genetics from Emory University. She's also a graduate of the 2015 class of the CDC Laboratory Leadership Service Program. Thank you so much for joining us today, Dr. Mercante.

Meredith Regan is a health communication specialist in the Office of Communication for CDC's Division of Laboratory Systems. She has a master of arts and communication from the University of Alabama and has more than a decade of communication experience, including five years at CDC. In her current role, Meredith leads partnerships for the DLS Office of Communication, manages communications for the Laboratory Outreach Communication System and the clinical laboratory COVID-19 response calls, and she supports communication activities for the CDC's OneLab Initiative and OneLab Preach. Thank you, too, Meredith, for joining us today, we're very excited to hear from you both.

So I'll now pass it over to Dr. Triona Henderson Samuel from the CDC'S Division of Laboratory Systems.

TRIONA HENDERSON SAMUEL: Thank you so much, Chelsea. Good afternoon, everyone. As some of you may already know, I'm Triona Henderson Samuel. I'm a board-certified pathologist in the Division of Laboratory Systems Training and Workforce Development branch. Thank you for joining our OneLab event today.

I want to take some time to share some of our new e-learning courses that we've been working on and have been developed for laboratory professional learners. Next slide, please. DLS recently released the introduction to Clinical Laboratory Improvement Amendments of 1988, CLIA, e-learning course which was developed

for anyone who has a role associated with clinical laboratory testing, including those conducting tests or supporting other activities related to the clinical testing process.

This basic-level e-learning course provides information on selected CLIA regulations, the CLIA regulatory program overview, CLIA laboratory testing and quality standards, and CLIA program oversight and administration. This course was designed to equip learners with foundational information about CLIA, including the history, its importance, and implications for clinical laboratories and facilities that perform testing that are subject to the regulation.

Learners are successful- who successfully complete the introduction of the CLIA course continuing education units can receive up to 1.5 contact hours of PACE credit. Next slide, please. DLS also soon be releasing the Provider Performed Microscopy procedures or PPM e-learning course. This course is intended for physicians, mid-level practitioners including nurse, midwives, nurse practitioners, physician assistants, dentists, and laboratory directors that perform PPM procedures, have a general knowledge of CLIA, and have experienced performing microscopic procedures.

This basic-level e-learning course provides information on topics including the background of PPM procedures, an overview of criteria and examination and regulations, how to apply for a CLIA certificate for PPM procedures, requirements for PPM personnel, and additional CLIA requirements and quality practices. This course was designed to prepare physicians, mid-level providers, and dentists to meet requirements for PPM procedures under a CLIA certificate. DLS is in the process of applying for continuing education credits for this course. Next slide, please.

The introduction to CLIA e-learning course can be found on the CDC Laboratory training website page, and we anticipate that the PPM e-learning course will be hosted on the same site within the next month. We're working on a third CLIA-related course on personal responsibilities and hope to release this in 2022. Next slide, please.

DLS will soon be releasing the Introduction to Laboratory Risk Management e-learning course, which is the first in a series of courses focused on developing risk management strategies for laboratory settings. This course is intended for new or existing public health and clinical laboratory professionals who handle potentially hazardous materials.

This basic-level e-learning course provides information on risk management principles and briefly describes related practices to emphasize the importance of risk management in a laboratory setting. Topics covered include risk management goals, terminology, processes, and associated activities. Subsequent courses in this series will provide additional details on each overarching laboratory risk management principle to help learners gain an in-depth understanding of the risk management process and operation-specific considerations. DLS is also in the process of applying for continuing education credits for this course.

Next, I'd like to orient you to some resources that are more specifically helpful with communications, today's main session topic. The CDC website hosts a variety of growing information regarding COVID-19. This resource, frequently asked questions about coronavirus, COVID-19 for laboratories is specific to you, the laboratory professionals. This page answers a variety of questions on various topics related to the COVID-19 vaccine from a laboratory standpoint. Next slide, please.

Similarly, the overview of testing for SARS-CoV-2 COVID-19 page provides information regarding COVID-19 testing for health care and laboratory professionals. CDC's is COVID-19 website contains the most up-to-date information about COVID-19 and includes information that can be shared when faced with public inquiries.

Finally, we are currently developing a laboratory plain language toolkit to help all laboratories develop plain language content. Look out for the release of this toolkit within the next few weeks. All of the resources we mentioned, plus any resources mentioned in the main presentation will be linked these slides once they are shared with all of you, and we will also compile a linked list on the event web page. All network members will receive an email notifying you that this page is available as soon as it has been published. Next slide, please.

Before we launch into today's presentation, I want to give you a little context as to why we decided to prioritize hosting the session on this particular topic. In February 2021, our branch conducted a training needs assessment among members of the OneLab network. We found that many network members expressed a need to help create and disseminate consistent cohesive public-facing messages related to COVID-19 testing.

The laboratory professionals who worked felt that there was a lack of tools to help them with communicating clearly with the public. The lack of these tools, especially during the current pandemic, has resulted in challenges for laboratory

professionals in responding to the high volume of requests for information, specifically from the public.

Some specific quotes from network members are shown, including, we are getting an abnormally large number of calls for information requests from people who are not used to- who we are not used to responding to, such as party planners, patients, and even sporting events. And another quote, having material that we can easily put on our website or give out would be helpful. We get lots of inquiries from non-medical sites. Next slide, please.

Some identified topics included addressing the public's frequently asked questions on testing, addressing health care providers' questions regarding testing sensitivity and specificity, and how to respond to the unprecedented influx of Information requests. We are currently developing resources, including, There's a Test for That, a COVID testing overview video, as well as prepared responses for the general public.

Alex and Meredith are here to discuss the importance of conveying technical information using plain language and to share actionable steps for crafting communication materials for general audiences. As a reminder, today's audio transcript and slides shared will be posted online afterwards so you'll be able to follow the hyperlink to these resources. Additionally, my team and I will be monitoring the Q&A section in case you have any questions throughout the presentation. I will now hand the presentation off to Alexandra and Meredith.

ALEXANDRA MERCANTE: Good afternoon, everyone. Can you hear me OK?

TRIONA HENDERSON SAMUEL: Yes we can.

ALEXANDRA MERCANTE: OK, great. Thanks so much. All right. Thank you so much, Triona. Good afternoon again. First, before I get started, I do want to thank my OneLab colleagues for the invitation to speak with you all today. I'd also like to thank Ms. Meredith Reagan for her willingness to co-present with me.

And I'd also like to thank and acknowledge Mr. David Cage, a very talented multimedia designer that works on our team. He's a contractor with Cherokee Nation Assurance. I want to acknowledge him for his expertise in helping to craft some of the visual elements in the slides that I'll be sharing with you today. Next slide, please.

So as we've seen, clinical and public health laboratory professionals are at the front lines of the fight against the COVID-19 pandemic. We've seen so much media coverage about COVID-19 testing throughout the course of the pandemic. And so it's no surprise that people are not only turning to health care providers, but also to laboratory professionals directly to ask questions and seek information.

That can seem daunting, especially when you're trying to convey complex and technical information to a general audience or to individuals that might not be your professional peers. It's really easy to speak to other laboratory professionals about the work that you do, but it's harder to translate technical information in a way that's easy to understand.

On top of this, we've always known that laboratory professionals wear many hats. So you're completing your day-to-day tasks, you're performing emergency response functions as part of the COVID-19 pandemic. And on top of that, you're answering testing-related questions from the public, so this can certainly be very challenging. Next slide, please.

So the goal of today's presentation is to equip you with the tools to build your own communication toolkit. So we'll provide you with some easy and actionable tips and tricks that you can use and apply right away to help craft messages or communicate technical information to different audiences. Next slide, please.

So before we jump into the tools, I just want to set the framework and let everyone all of us here today, we're already communicators regardless of our job title. We're always communicating. We communicate every time we write an email, on every Zoom call which we seem to be on a lot these days. So at our core, we are all communicators.

So the second point is something that Meredith and I are both really passionate about, and it's the fact that health communication in and of itself is a science. So there's many journals like the CDC Health Communication Science Digest, the American Journal of Public Health, the Journal of Health Communication, the Journal of Communication and Healthcare- and this is just a few of the journals that are out there, and they really delve into communications best practices and principles based on research and science. A lot of these journals are also peer-reviewed.

So because health communications is a science, you can apply a data-driven approach to your health communications activities just like you do to your

laboratory work. So communicators love data, too. We just call it something different, we call it metrics. So an example I'm showing you here is data from email inquiries that we've received from both CDC Info and our DLS inquiries. Organizational mailboxes over the past year.

So by counting and categorizing the types of inquiries that we are receiving, we can use this data to guide our messaging strategy. So in this case, the majority of our inquiries are actually CLIA-related, so this is just one data element that we can use and it helps to inform our communication strategy and messaging around CLIA-related topics. So now that we've set this framework, let's jump right into building your toolkit. Next slide, please.

So the first tool I'd like to share with you is defining your audience. So before you embark on any communications messaging project, whether it's large or small, you should ask yourself, who am I talking to? Mapping out the who really helps to define your message. So one pro tip that we actually use as we write out our audience.

So is that clinical laboratory professionals, public health professionals, policy audiences, general consumers, those that perform point-of-care testing, biosafety professionals, quality managers? Physically writing out who your audience is really helps you to define the who, and what you might find is that you have several audiences. You might have a primary audience and a secondary audience, which means that you might have to slightly tailor your message based on the different audiences that you've mapped out.

Taking the time to define the who really helps when you're responding to your audience, because- especially audiences that you've never really responded to in the past. So I really encourage you to take the time to think carefully and broadly about defining your audience. It's so important. It really anchors and directs your messaging. So now I'm going to hand it over to Meredith and she's going to share some more tools with you. Next slide, please.

MEREDITH REAGAN: Thank you, Alex. Hello, everyone. I'm Meredith Reagan, and as they mentioned in the introductions, I work in the Office of Communication here in DLS with Alex. So as another tool for communication when you're building your content, you want to think about the actions that you want your target audience to take. So what do you want them to know and what do you want them to do with the information you're giving them?

So the way that we kind of parse this out as we call it the BLUF. So the BLUF is your Bottom Line Up Front. That's the who, what, where, why, all the relevant details, and it's really important to put that at the very beginning of your message. I've seen a lot of really good communications coming out that include a lot of really valuable information, but those key details will be kind of buried later on.

You want to kind of approach it as if not everyone is going to read everything all the way through and make sure you're putting your most important content right up there at the very beginning, then they can continue reading for all of the details, supplemental information, links, and things like that.

You also want to include a clear call to action. So this could be something like- you can provide your BLUF and your other relevant information- somewhere in the message is visit this website for more information or download this new tool or you're giving them a task. We've done several messages with maybe a product recall and the message is to- the call to action is to complete this form and send it to this email address. So you want to give your audience a specific action to take as a result of receiving your message. Next slide, please. Thank you.

So I'm going to provide some examples of the bluff and a clear call to action. So as part of my role here in DLS, I lead communication for our Laboratory Outreach Communication system, and some of you may be familiar with these notices. These are communications that we send out to laboratory professionals and individuals who perform COVID-19 testing. So they're generally COVID response-related updates.

And here in the BLUF, we are talking about an emergency use reauthorization that was revoked. So in this bottom line up front, we say on July 15, 2021, the FDA revoked the EUA for the curative SARS-CoV-2 assay. Effective immediately, laboratories and testing sites should discontinue use of the curative test.

So right there we've got all the relevant information. When did this happen? Who was the person who performed this action? And then the call to action is to discontinue use of this test. And then further down in the message we provide all of the supplemental information that they need for subsequent details, but we put the most important pieces right up here in the very beginning. Next slide, please.

Another tool for your communication toolkit is to use the active voice. And this one can be tricky just because a lot of times scientific communication is written in the more passive voice, but when you are communicating with an audience in an

external-facing way with something like this, you want to communicate with an active voice because it is more direct and straightforward and can be more easy for a layperson to understand.

So with the passive voice, we have this example here of the Grand Canyon is visited by thousands of tourists every year, so we have the subject receiving the action. But switching that to active voice with the subject performing the action is thousands of tourists visit the Grand Canyon every year. And that's just thinking about restructuring some of your sentences to appear in the active voice can make your communication more concise, more direct, and like I said, easier for folks to understand. Next slide, please.

Plain language. This is really important. I think it's really easy, everybody does this. You speak in the language and- the language that you know. And a lot of times we don't even realize that the terms we are using are jargon. CDC is notorious for- we love acronyms and we use them all the time, and something that I have to remember day-to-day in my work is to spell out acronyms because not everyone knows externally what the acronyms might mean.

So here, we encourage avoiding technical jargon, making sure you're using the simplest words that you can, and just pretend that you are talking to someone you met in the grocery store about whatever it is and really keep it straightforward. Don't assume they have the same technical expertise or knowledge that you do because when you're communicating with external audiences, they may not.

And spelling out acronyms on the first instance and putting the acronym- spelling it out, putting the acronym in parentheses, and then on subsequent instances you can go ahead and use the acronym because you've provided a point of reference. Two other ways to make your communication easier to interpret, try chunking in bullets. Next slide, please.

So chunking is a communication practice where you visually divide content. So you can do this with sections with headlines like we've done here or paragraphs, but it's really just visually breaking your content into chunks so that when someone is reading your communication material, they're not confronted with just a giant wall of text. They see it broken up into small bites.

So this is an excerpt from a LOCS message that we did where we sent out a follow-up communication to clear up some sort of miscommunication and answer some questions that we received in response to an initial LOCS message. So we broke this

into more of a Q&A style. So you see, we've used bold text for questions and then have responded to each question and broke them up visually the information that you're looking for. Next slide, please.

And then bullets. Bullets are really helpful. For example, in this case, this is a LOCS message, too, and this is about a product recall with a lead testing kit. There were multiple actions that laboratories and health care providers needed to complete. So rather than having a long sentence with lots of commas and lots of action items, we broke them into a bullet structure so it almost functions like a little bit of a checklist, and then see what do they need to do. Next slide, please.

And now I'm going to hand it back over to Alex. She's going to share some thoughts around communication channels and how you can use visual content like graphics and images to help enhance your message. Thank you.

ALEXANDRA MERCANTE: Great. Thanks so much, Meredith. So the next tool that we're going to talk about is determining your channel. So there are so many communication forms. There's presentations, emails, web content, one-pagers, flyers, social media. And then there are as many platforms as well.

So something that's really important for you to consider is how does your audience prefer to receive information? How will they use the information once they receive it? Are you delivering a little bit of information or a lot of information? And then so remember, with regard to the communication platforms, people are receiving information from computers, from laptops, from mobile devices, from tablets. They're also downloading flyers and one-pagers. So you always want to think about applying a digital-first approach. This is a good rule of thumb when you're crafting your materials. So your preferred platform could really make a huge impact on your communication channel as well.

We need to keep in mind with regard to the forms, the platforms and the channel, is you want to keep accessibility in mind. So we at CDC have to generate communication products to ensure 508 compliance. So this might be something that you should consider as you generate your communication materials as well because you want individuals that are either visually impaired or hearing impaired to be able to receive your information and understand it. Next slide, please.

So the next tool to consider is using pictures with words. So it's really important to think about using pictures to compliment written content. So the picture that you see on the left is actually one image from the CDC Public Health Imaging Library or

PHIL. So this imaging library is externally available to everyone, and it's a really wonderful resource.

So in this picture, these CDC Laboratory scientists are conducting whole genome sequencing in a laboratory. And I'm proud to say that I actually know and I've worked with these scientists, so it's really always lovely to see them. So using this picture and in conjunction with some of your written content might help to convey information that especially general audiences might not be familiar with. They may have never seen a sequencer. They don't know what a sequencer looks like, which is a pretty complex topic to speak about. Having an image to compliment that written content will help.

So the middle image that I'm showing you here is an infographic that was also created with a- by DLS. And it's showing how to collect a specimen for COVID-19 testing. So we complimented the written instructions with visual images, and that also helps to convey the message. So some folks are visual, some folks can absorb written content and understand how to take action. So using pictures and images in this instance really makes sense.

The image that you see all the way to the right is another image that we've used, and it helps to convey complex ideas or topics, especially when it comes to speaking to clinical- or speaking about clinical and public health laboratory science. So this image just sort of conveys to you visually how we're all interconnected.

So co-laboratories, public health laboratories, hospitals, folks conducting testing at home, drive-through testing sites, point-of-care testing site- that's point-of-care testing that maybe is happening at schools or nursing homes. We're all interconnected in the response to the COVID-19 pandemic.

Again, this concept, it might be difficult to describe in written content, but using a graphic like this can really help convey your message. One thing to keep in mind when you review and use pictures is you want to review them with a health equity lens. And I'm going to share a resource with you toward the end of the presentation. But you certainly don't want to inadvertently deliver the wrong message with your image, so you always have to keep that in mind. So next, I'll turn it back over to Meredith. Next slide, please.

MEREDITH REAGAN: Thanks, Alex. So now I'm going to talk about CDC's Crisis and Emergency Risk Communication or CERC. This is a really valuable package of resources that can help with communication in an emergency response situation.

So people tend to communicate— to communicate outwardly and to receive information differently in a crisis situation. There's a lot of uncertainty and emotions that come up in these types of scenarios, and COVID-19 is an excellent example of that. So we've seen that you have to be a little more strategic in your messaging and how you communicate in a scenario like this.

So CDC has a CERC website, which is publicly available. And on this website you can find archived presentations, resources, the CERC manual, which is a comprehensive overview of crisis and emergency communication, trainings, and a lot of other tools that might be really helpful as you're developing response-specific communication.

And this is very in-depth. There could be a whole separate presentation. I think the training for this that we do at CDC is a full day. So there's a lot of information I could give you on this but we're just going to hit the high points for the purposes of this conversation. So the motto for CERC is that the right message at the right time from the right person can save lives.

So the best practices that we've outlined here, we've got to be first. Whenever possible, you want to be the first source of information, because that often becomes the preferred source and it's what people remember. People tend to remember the first thing they heard. Crises are time-sensitive, and so communicating information quickly is crucial. So you, of course, want to be strategic and think through what you're going to communicate, but you want to be prompt and proactive in putting your information out there.

Number two, be right. The more accurate you are, the more credible you will be perceived— you will be perceived as more credible by your target audience. So there's sometimes a natural hesitation to wait to communicate until we know everything. That's a little bit of a misstep. It's fine to say, here's what we do know, here's what we don't know yet, and here's what we're doing to close that gap. But you want to be as accurate as— you really want to focus on accuracy.

Being credible, being honest and truthful, and I think letting people know what you do and don't know is one great way to do that, particularly in a crisis situation where people might be feeling a sense of mistrust or confusion. Expressing empathy. At the end of the day, we are communicating with other humans. In a crisis situation, people are having, like I said earlier, a lot of feelings are coming to the surface. People are in difficult situations. It's really a good strategy to address

what people are feeling and the challenges they're facing, and this helps build trust and rapport.

So you can say something like, we acknowledge that this is a difficult time, or, we understand that this can be disconcerting, here's what we're doing to mitigate this situation. Number five is to promote action. So people want to have something to do, particularly in a crisis situation. It's like they need something to do with their hands. So you want to give them something to do, a task that might calm their anxiety, help them restore order and promote a sense of control.

So for example, in the COVID- in the COVID-19 pandemic, we do give people things to do. We tell them to get vaccinated, we tell them to stay six feet apart, we tell them to wear a mask. We provide them with meaningful actions that they can take to reduce their risk. And then respect is the final kind of key point here. People are feeling vulnerable, so you want to be kind and respectful and do everything you can to promote cooperation and rapport with your target audience. Next slide, please.

And one thing I forgot to touch on in the previous slide is that misinformation happens particularly in a situation like a pandemic where there's a lot- there's just a fire hose of information that's available. When misinformation or miscommunication comes to your attention, the best thing you can do is to restate the facts. You don't necessarily want to counter the misinformation and say like, this is wrong, this is right, because it creates sort of a cognitive dissonance and people then don't remember which one is correct. So you want to focus on reiterating what the actual facts are, what the appropriate actions are, what the best next steps are.

Efficiency. I'm all about saving time, I'm sure the rest of you are as well. If you start to notice you're getting a lot of questions- and this is why it's so important to be as engaged as you can with your audience. If you start to notice that you're getting a lot of questions about a certain topic or there's any kind of like hot topics or key issues that you're seeing, go ahead and craft some prepared responses.

We do this all the time in the Office of Communication. We have talking points ready to go, questions and answers ready to go. And in an early slide, we talked about how we get such a large amount of CLIA-related questions, and we have some points handy about where people can go to apply for a CLIA certificate or who their point of contact is. And there are other examples of this, too, but if you can have kind of some ready to go prepared messaging, you can always adapt that

message and customize it based on the specific inquiry, but it really helps to have a kind of a batch of content ready to go.

And at this time, I'm going to pass it back over to Alex. She's going to go over how you can apply a customer service-oriented approach to your communication efforts, and then also touch on some resources that will be helpful as you continue to hone your skills as a communicator. Thank you.

ALEXANDRA MERCANTE: Thanks, Meredith. So the next tool is something you probably already do. You just might not categorize it this way, but applying a customer service approach to your communications activities is really helpful. So you always want to respond in a timely manner. You want to use a professional tone. You want now maintain [AUDIO OUT].

And a lot of these tools are actually– they align with the CERC values that Meredith just discussed or the CERC tools. So really doing that, it helps tremendously with your communication activities.

The other piece that you should keep in mind is you should consider establishing some sort of review process or clearance chain as you disseminate communication materials and they go out the door, because you just want another set of eyes to make sure that what you've crafted [AUDIO OUT] with what you want to convey to your audience. So at CDC, we have a very robust clearance process, but this is just something else to consider. Next slide, please.

So the next tool is some resources and I know we've talked a lot about resources throughout the course of this presentation, but I wanted to spend a little bit of time talking to you about CDC's Gateway to Health Communication. So it's a really fantastic resource and it's externally available to anybody that wants to take advantage of it. It has resources for writers, a podcast about best practices and health communication, it has trainings, that has tools, it has templates, and has information about risk communication that we mentioned earlier– Meredith talked about it.

It also has the Health Communication Science Digest, which includes a comprehensive list of the latest publications about health communications and marketing. It also has a link to CDC's health literacy resources, as well as the CLIA Communication Index Tool. This is a really fantastic tool that you can use to craft your communications materials. I've actually used it before and I've found it to be a really valuable resource.

Now just yesterday, there's a new resource on the gateway that launched, and it's the Health Equity Guiding Principles for Inclusive Communication. So these principles are really designed to help public health professionals align their communication products and strategies with specific cultural, linguistic, environmental, and historical situations for each targeted population or audience.

So these guiding principles have been developed in collaboration with agency experts and input from CDC partners, and it's really a living document. And it's really designed to adapt to the changes in language and society's cultural norms. So I encourage you to take a look at this really great resource and apply it to your health communication products or strategies that you're developing. Next slide, please.

So let's recap. Remember, you're already a communicator. We just gave you some additional tools to use. So really lean into applying a data-driven approach to your communication activities. As you all heard in the biography, I'm a microbiologist by training. So for me, thinking about communications with a data-driven approach just makes sense to me, so I really encourage you all to do that as well.

Seek resources. Build partnerships. It's always important to leverage partnerships to disseminate your communications through a number of different channels. And also build and share your custom communication toolkit. So hopefully what we shared with you today is just the launching to you creating your own custom toolkit.

And I do encourage you to pay it forward and share it because that's what we're doing for you today. And I think it just in the end all of us building and sharing our own customer communication toolkits makes us all better communicators. So thank you so much for your time and attention, and we look forward to your questions.

TRIONA HENDERSON SAMUEL: Thank you so much, Alexandra and Meredith. If I could welcome both of you back on camera, this was really an amazing presentation. And I wanted to thank the audience for sharing your questions in the Zoom Q&A section. You can continue to add your questions through the Q&A period. Note that if your question has not been answered by the end of the session or any other questions that may come up during this discussion, please email them to onelab@cdc.gov.

So I will kick off with the first question, which either of you could take. What are some ways to ensure messages align with the audience needs?

MEREDITH REAGAN: Alex, I can start this one off and you're welcome to- OK. Making sure your message aligns with the audience needs, I think thinking about, if you have a way to do any kind of a focus group or kind of a research activity where you identify some folks who are aligned with what your target audience would be and ask them what gaps do you notice? What changes would you like to make? What would be helpful to you?

And it's really good to get feedback from the people that are representative of the people you would be talking to and kind of hear their side of the story. And then, of course, there's the- so that's a more proactive approach. And then a more reactive approach would be as you're receiving feedback and questions, making sure you're tracking what you're hearing from other people and then tailoring accordingly.

We do this with our clinical laboratory COVID-19 response calls. We monitor the Zoom chat to see what questions we get and we monitor our inboxes. And sometimes we respond right away on the call, and other times we will say, wow, we got a lot of questions about CLIA today, let's make that an agenda item for our next call, and then you can use that information to plan accordingly. Alex, is there anything you would add to that?

ALEXANDRA MERCANTE: No, that's perfect, Meredith. Thank you.

TRIONA HENDERSON SAMUEL: Thank you so much for that. Our second question is, do you have any pointers on handling angry customers or unreasonable requests?

MEREDITH REAGAN: Yes. Alex, I'll let you jump in here, too, but I think going back to kind of what- when Alex talked about customer service and then- and the CERC principles, too, we talked about expressing empathy and showing respect. There are going to be times where you cannot make someone happy. They just want to- they're just mad.

But if you can do your best to acknowledge the difficulty of the situation, you share their frustration or if you don't share their frustration, you understand why they're frustrated, here is the information we have available to help you, here's what we know, just trying to do your best to remember that you're a human who's talking to

another human and do everything you can to remain respectful and helpful and showing empathy.

And in my experience, a lot of times that is helpful, but also just to manage expectations knowing that sometimes there are just going to be people that are upset and they may just– it may just be difficult to 100% of the time make everyone happy. Alex, anything to add to that?

ALEXANDRA MERCANTE: I think the other piece is just always to keep in mind what your messaging goals are, too. All of us are taking a strategic approach to our messaging. We have calls to action, we're disseminating information for a purpose. So staying close to that purpose also really helps as well.

TRIONA HENDERSON SAMUEL: Thank you, both of you. Next question. What are some other good sources of communication data or metrics?

ALEXANDRA MERCANTE: So Meredith, I'll start with, and then I'll– please chime in. But two of my favorites are web metrics and social media metrics. So with regard to web content, there is so much information. You can just– you can get so much from web metrics. And we really enjoy looking at our web metrics because it tells a story. So we can see when a particular product launches, we can track how many visits there are to that website, and we can see all of those metrics tell a story.

And we always compliment those web metrics with what's going on in terms of right now the COVID-19 pandemic and the response. So web metrics are really fantastic, you can just learn so much from looking at metrics. And you can also convey so much information also to your colleagues with web metrics.

Social media metrics are also really very powerful. You have impressions, engagement. That's another really great tool and resource that you can use. So those are my two favorites. Meredith?

MEREDITH REAGAN: Those are what I would suggest as well other than actual questions you might be receiving from your partners, your stakeholders, the people that you're trying to reach. That's obviously really valuable data because it's coming directly from the source, but I think that you can get a lot of key insights from web and social media metrics.

TRIONA HENDERSON SAMUEL: Perfect, thank you. The next question is, is the CDC Public Health Image Library for public use?

MEREDITH REAGAN: It is. Yes. This is publicly accessible. You can– they’ve got a great search function. You can find all kinds of images available for download and use. So it is public-facing.

ALEXANDRA MERCANTE: And also, when you download the image, if you click on an image, Let’s say you find one that you really want to use, you can download a high-res image. And also on that image, it gives you all the information about what the image is conveying. So if you need to craft any captions for your images, you can use that information as well.

TRIONA HENDERSON SAMUEL: Perfect, thank you. Are there any CDC-prepared responses for questions around the reliability, sensitivity, and specificity of COVID-19 tests?

MEREDITH REAGAN: That is a good question. I think that we do have internal messaging that we use. What I would recommend is to– and Alex, you may have other thoughts, but just off the top of my head, I would recommend taking some of our testing-related web content, because that’s going to be what is cleared and most current. And it’s already out there in the public. I would take that information and break it up into talking points or use that information to create prepared responses. Alex, do you have other thoughts?

ALEXANDRA MERCANTE: Yeah, that’s a really good idea, Meredith. But yes, those, like Meredith mentioned, a lot of what we develop is internal. But our content is a great resource.

TRIONA HENDERSON SAMUEL: And also, just for our network, based on the presentation that we had I think in June on sensitivity and specificity, we’re currently working on an infographic that should give you some responses and information that you can share around sensitivity and specificity as well. So between the three of us, I’m sure you can find something. The next question. Where can we find the LOCS messages to see more examples of BLUF?

MEREDITH REAGAN: Yeah. So the Laboratory Outreach Communications System has a website. There’s a CDC web page. I can drop that into the chat momentarily, and I’ll do that. And yeah, I think those would be a good message– or good resource to see how generally we put the most important information kind of right up there at the front. So I’ll drop that in the chat.

TRIONA HENDERSON SAMUEL: Let me get myself off of mute. And this is a question to both of you. How did each of you decide that a career in health communications was the best fit for you?

ALEXANDRA MERCANTE: Meredith, do you want me to go first? Or do you want to go first?

MEREDITH REAGAN: Sure, if you could while I drop off this link off, yes. Thank you.

ALEXANDRA MERCANTE: So I started my career as a microbiologist. My degrees are all in microbiology. And I came to CDC as a postdoctoral researcher. I fully intended to be in the lab all the time doing applied research, but then when I joined the Laboratory Leadership Service, I was able to work in quality management systems and laboratory safety.

But the health communications work essentially landed in my lap because the laboratory branch that I was in at the time didn't have a dedicated health communicator. So because I was just generally interested in health communications and building my portfolio as a fellow, I said, sure, I'll start working in health communications.

So I fell into the health communications space. I started doing the work and I really fell in love with it. But it was very difficult to make the decision between quality management, laboratory safety, and health communications, because I feel passionate about all three. But in the end, I think really what drove me toward health communications is the fact that I think it's so important to convey our information, scientific information in a way that everyone can understand it. So much of what we do is technical, but it's so important for people to understand what we do, and it impacts their lives.

And so it was because of that I decided to pursue the health communications track. Fortunately, I happened to work for the Division of Laboratory Systems and Quality Management. Laboratory safety all fall within the portfolio of the division, so I still get to live in all of those worlds, but just in the realm of health communications. So my career is certainly a winding road, but I'm very happy to be a health communicator. Meredith?

MEREDITH REAGAN: Yes, thank you. I think for me, why health communication? I mean, I think it's really meaningful work. You're getting important information into

the hands of the people who need it. And it can be a variety of crosscutting topics. And the landscape is exciting, it's constantly changing, particularly in our current pandemic situation.

And it just— and it's also challenging work. I like the ongoing challenge of figuring out the best way to create a message, the best way to get it to the people that need to be reading it. And then being able to pivot and adapt when you know what you're doing is not working and you need to come up with something better. So I think that's probably the why for me.

TRIONA HENDERSON SAMUEL: Perfect. Thank you so much. And we probably have time for one more question. You shared on addressing misinformation. Can you elaborate on tactics to combat misinformation?

MEREDITH REAGAN: Sure. So I think the best example that I have for that is that we— back in July we sent out a LOCS message announcing that at the end of this year, CDC would be retiring our CDC-developed RT-PCR test for SARS-CoV-2.

And we sent out that information, and there was some— there was minimal misunderstanding among the laboratory professionals and testing folks who received the message, but there were also some folks in the general public who received this message and it was a really valuable lesson for us, because I think in hindsight, what we learned from that is that we really need to develop even our clinical-facing content in super plain language in the event that the general public reads it so that it's readily understandable.

But we developed a follow-up question— or a follow-up communication in a Q&A style where we directly addressed the questions that we had gotten and just tried to restate the facts, restate why CDC is retiring this particular test, reiterating that nothing is wrong with PCR tests in general, they continue to be the gold standard for testing. Just reiterating the facts versus trying to kind of counter or argue. And I think that's probably the best example that I have off the top of my head.

TRIONA HENDERSON SAMUEL: Perfect. Thank you so much for that. Did you want to add something, Alex?

ALEXANDRA MERCANTE: I would just echo what Meredith said about really aligning to your message. Stay true to your message, stay true to your call to action, and stay true to disseminating the information, that's really important.

TRIONA HENDERSON SAMUEL: Thank you so much. So that is all the time that we have for questions today. If we did not get to your questions, please feel free to email them to us at onelab@cdc.gov. The next network meeting will take place in September, and we're very excited, it will be on the topic of emergency use reauthorization. So please look out for the meeting invitations. So it will be Wednesday, September 22 at 1:30.

As a reminder, all of these slides with links will be posted to cdc.gov/onelab within the next two weeks. You'll notice when this webinar closes a post-meeting survey will open on your browser. We use the results of the survey to further improve future OneLab networking events. This survey is voluntary and anonymous. Thank you all for joining today. Have a great day.