

Centers for Disease Control and Prevention  
National Center for Environmental Health  
Division of Environmental Hazards and Health Effects  
Radiation Studies Branch

Communications Plan  
for releasing the  
Hanford Thyroid Disease Study Final Report

June 21, 2002

**Communications Plan  
for releasing the  
Hanford Thyroid Disease Study Final Report**

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## Introduction

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On June 21, 2002, the Centers for Disease Control and Prevention's (CDC) Radiation Studies Branch (National Center for Environmental Health, Division of Environmental Hazards and Health Effects) will release the Hanford Thyroid Disease Study (HTDS) Final Report, concluding more than 12 years of scientific research on the human health effects of iodine-131 released in the 1940s and 1950s from the Hanford Nuclear Site in Washington.

The findings will be communicated to a wide range of audiences, including individuals who participated in the study; the Hanford area public; healthcare providers and educators; state and local health departments and other government agencies in Washington, Idaho and Oregon; the scientific and academic communities; and the media.

This communications plan details how the HTDS Final Report will be presented to the HTDS participants and the many other audiences interested in the study. The plan is based on CDC's commitment to the following:

- **Listening to HTDS audiences** – During the year leading up to the final release, CDC researched the primary audiences involved in the HTDS process. The research was conducted to identify audiences' information needs, concerns, perceptions, and questions about the study, and to determine approaches for communicating with each of them in a meaningful way. The research involved HTDS participants, the Hanford area public, and representatives of government agencies, public interest groups, and the medical profession. Research is described in more detail beginning on the next page.
- **Addressing National Academy of Sciences recommendations** – Drawing upon lessons learned from the release of the HTDS Draft Report in January 1999, CDC will address each of the communications recommendations offered by the peer review committee of the National Academy of Sciences–National Research Council (Committee on an Assessment of Centers for Disease Control and Prevention Radiation Studies from DOE Sites: Subcommittee to Review the Hanford Thyroid Disease Study Final Results and Report). The recommendations range from tactical suggestions to approaches for addressing individuals' concerns about thyroid disease. CDC's Response to Communications Recommendations Offered by the National Academy of Sciences–National Research Council can be found at <http://www.cdc.gov/nceh/radiation/hanford/htdsweb/index.htm>

The Fred Hutchinson Cancer Research Center, CDC's contractor for the HTDS, will support the agency in carrying out the communications plan.

## Communications Objectives

CDC seeks to provide useful information about the HTDS to a wide range of audiences. Specific objectives are:

- To conduct meaningful communications about the study with HTDS participants and others interested in the findings.
- To provide individual dose estimates to HTDS participants in a meaningful way.
- To make the HTDS accessible to the public in formats that facilitate understanding.
- To raise awareness across target audiences of opportunities for learning more about the HTDS.
- To advance the science of epidemiology and radiation studies.

## Listening to HTDS Audiences

Effective communications about the HTDS Final Report requires careful consideration of each audience, including their views and perceptions about Hanford, the HTDS, and the health effects of radiation. Other factors include each audience's information needs and preferred means for receiving information.

CDC hired an independent communications agency to research the primary audiences that have been involved in the HTDS process since the late 1980's. The purpose of the research was:

- To gauge audiences' interests, opinions, perceptions, and information needs regarding the release of the HTDS Final Report.
- To elicit audiences' ideas and recommendations for communicating the HTDS Final Report, including messages, approaches, communications channels, and appropriate materials for each audience.
- To test themes for presenting the findings in a meaningful context.

## **Focus Groups HTDS Participants**

CDC sponsored two telephone focus groups (11/29/01 and 12/5/01) with participants of the HTDS. All of the participants were born between 1940 and 1946 in Washington State in either Benton, Franklin, Adams, Walla Walla, Okanogan, Ferry, or Stevens County.

Candidates were randomly selected from among the 3440 HTDS participants and offered an opportunity to participate in the discussion. The first group consisted of individuals who have lived in the Richland, Washington, area all their lives. The second group included individuals who have moved outside the Richland area – some who still reside in Washington, others who have moved to other states.

Each session consisted of about eight participants and an equal number of men and women. All of the participants said that they either had thyroid disease or knew someone who did. A professional facilitator moderated the sessions; each session lasted approximately two hours.

During the sessions, participants were asked to talk about their perceptions and knowledge about thyroid problems, the HTDS itself, the manner in which they were treated during the study, and the release of the HTDS Draft Report in 1999. They were also asked to offer their own ideas for communicating the HTDS Final Report.

In general, the research revealed that participants:

- Are very interested in receiving the HTDS Final Report
- Expressed confidence in the HTDS research team
- Believe the study is credible
- Have favorable impressions of how they were treated during the study (e.g., how they were recruited and how they were treated during visits to medical clinics for diagnostic evaluations)
- Want clear, concise, straightforward information about the study
- Didn't, for the most part, understand the meaning of the HTDS Draft Report
- Want contextual information about how the findings compare to other research and how they, as a study group, compare to other populations groups around the country
- Want information about what the study means to them personally
- Want information about how HTDS participants were selected for the study and why
- Want to be able to talk about the meaning of the study with HTDS scientists
- Are more interested in individualized communications than public events (many now live in different parts of the country and would not be able to attend a public event)
- Don't want any single group dominating public discussion about the study.

## **Focus Groups Hanford Region General Population**

Two focus group sessions with the general public were conducted on October 30, 2001 in Richland, Washington, with a total of 17 residents. Selection criteria included: residents within 25 miles of Richland; residents of the area for at least 15 years; individuals over the age of 30; non-HTDS participants; and non-Hanford Nuclear Site workers. All respondents were between the ages of 45 and 70. The groups were balanced in terms of gender, and there was a mix of household incomes and levels of education. A professional facilitator moderated the sessions; each session lasted approximately 90 minutes.

Topics covered in the focus groups included: perceptions of radiation and the Hanford Nuclear Site, perceptions of credible messengers, perceptions of the HTDS, attitudes regarding the communications process, and reactions to various message themes for communicating the final conclusions. Participants suggested a variety of approaches for communicating the HTDS Final Report to the Hanford area public.

In general the research revealed these perceptions among the general public:

- Have mostly a favorable view toward the Hanford Nuclear Site
- Are not overly concerned about a possible increased risk for radiation-related disease
- Are aware of government-sponsored “studies” related to Hanford but are not knowledgeable about the HTDS specifically
- Believe CDC is a credible source of information
- Have a high opinion of the Fred Hutchinson Cancer Research Center
- Have varying levels of interest in the findings, from “very interested” to “not at all”
- Identified a number of topics to address in the final HTDS report:
  - History of Hanford
  - Explanation of study methodology
  - Overview of thyroid-related diseases
  - How the study was peer reviewed
  - Who conducted the study
  - Whether the government plans to reimburse individuals with thyroid disease
  - Difference between the draft and final studies
  - Characteristics of the HTDS study group and why they were chosen
  - Cost of study
  - Discussion of any current health risks to those living in the area
  - How the data was collected.
- Identified a number of approaches for communicating the final report, including:
  - Direct interface and communications with scientists involved in the study
  - Public forums and local venues
  - Direct mail
  - Copies of the report in local libraries
  - Toll-free number and email address to obtain additional information.

## **Roundtable Discussion Groups Government and Public Interest Group Leaders**

Two roundtable discussion groups were conducted on October 30, 2001, with a total of 17 government and public interest group representatives. The first group consisted of representatives of public and environmental interest groups, and past and current public advisory boards associated with Hanford and the HTDS, including the Hanford Thyroid Morbidity Study Advisory Committee and the Hanford Health Effects Subcommittee. The second group included local and regional elected officials, and representatives of the healthcare, Native American, and business communities. A professional facilitator moderated the sessions; each session lasted approximately two hours.

Topics covered during these sessions included: perceptions of CDC, perceptions of the release of the HTDS Draft Report in 1999, attitudes regarding the communications process, and reactions to various message themes for communicating the final conclusions. Participants offered numerous recommendations for communicating with HTDS audiences, ranging from messages, to approach, to the timing of the communications. Participants were also provided an email address for providing additional recommendations to CDC staff.

Roundtable participants expressed a wide range of recommendations and (sometimes conflicting) views about the HTDS. Among the suggestions offered included the following:

- Keep it simple; be truthful and straightforward
- Recognize the emotions and perceptions of people who have thyroid disease
- Explain issues related to statistical power and uncertainty in the study
- Explain any differences in interpretation between CDC and the Fred Hutchinson Cancer Research Center
- Be active and visible in communicating the HTDS Final Report; communicate with the public outside the Hanford region as well; make sure all audiences know well in advance when the study will be released and how
- Hold at least one large public/media educational event in the Tri-City area
- Provide audiences plenty of time to ask questions about the study
- Provide a panel of technical experts to explain various aspects of the study
- Videotape the public/media event and distribute the tape to cable stations
- Be culturally sensitive in communications with Native Americans and Hispanics
- Develop relationships with special audiences before releasing the study
- Address every technical and communications recommendation raised by the National Academy of Sciences in its peer review of the HTDS Draft Report
- Do not pre-release the study – follow the well-established mechanism for releasing scientific studies
- Establish a separate group to work on the communications plan
- Have a Web site and toll-free number for providing additional information.

## **Other Research**

The communications team conducted one-on-one telephone interviews with healthcare providers and educators in the Hanford area; representatives of state health agencies in Washington, Idaho, and Oregon; and representatives of the Native American community.

In addition, the communications team analyzed print media coverage of the HTDS to document how the print media has presented the study to the public. Sixty articles, dating from January 1999 (when the HTDS Draft Report was released) to June 2001, were found through a Lexis-Nexis key-word search.

## Audiences

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A variety of audiences have been involved in the HTDS since the study began in 1989. Each has its own perspectives and desire for information. Following are audiences for CDC's communications surrounding the Final HTDS Report:

### **HTDS Participants**

CDC will communicate the findings of the HTDS Final Report directly to the 3,440 participants of the study. Participants were born between 1940 and 1946 in one of these Washington State counties: Benton, Franklin, Walla Walla, Adams, Ferry, Stevens, or Okanogan. Many have since moved to other parts of the country.

The participants include individuals presumed to have received large doses of iodine-131 from Hanford, and others presumed to have received lower doses. As part of the study, each participant visited a medical clinic for a complete diagnostic evaluation for thyroid disease. Participants also provided detailed information about the places they lived, and the quantities and sources of the food and milk they consumed.

HTDS participants will receive the HTDS brochure describing the findings of the HTDS Final Report and information about their respective individual dose estimates. Distribution of materials will be timed to ensure that HTDS participants are the first to receive information about the HTDS Final Report.

### **Hanford Area Public**

Many individuals and groups in the Hanford region have been involved in the HTDS. The public includes people who were young children when the largest amounts of iodine-131 were released into the atmosphere from Hanford. The public includes strong advocates for various points of view, as well as others with only a passing interest in the study.

The public includes such special audiences as:

- Hanford Health Effects Subcommittee (past and current members)
- Hanford Nuclear Site employees (past and current members)
- Hanford Thyroid Disease Study Advisory Committee (past members; the committee is no longer chartered)
- Hispanic community
- Individuals who have sought information through the former Hanford Health Information Network
- Migrant workers

- Nine Indian Nations
- Public interest groups such as the Hanford Downwinders Coalition

The Hanford area public will be informed that the HTDS has been completed and that information about the study will be available in libraries, the Internet, and other locations. The public will be invited to a public event (scheduled for June 21, 2002, in Richland, Washington) where they will be able to ask questions about the study and talk with scientists from CDC and the Fred Hutchinson Cancer Research Center.

The public event is intended to meet the following objectives:

- To conduct meaningful two-way communications about the study and related issues with HTDS participants, representatives of public interest groups, and members of the public.
- To be responsive to audiences seeking to speak directly with the HTDS research team – to address audiences’ questions and concerns about the study and related issues.
- To provide the public with information about the study and related issues.

The public event will begin with a short plenary session followed by a poster session. The poster session will help encourage public dialogue and education, and be designed to ensure that everyone is given an equal opportunity to participate.

The schedule will provide attendees time to read the HTDS brochure, converse in small groups, and ask questions about the study in a relaxed atmosphere. Poster stations, positioned throughout the forum hall, will address the findings of the HTDS, what happened at Hanford, radiation effects, epidemiology, thyroid disease and resources available through the Hanford Community Health Project, a public education program on iodine-131 and related issues.

**Federally-chartered committees.** Public advisory committees organized around other DOE sites are also audiences for HTDS communications. The HTDS brochure summarizing the findings will be sent to members of all the committees at the time of the final release. The committees are:

- Fernald Health Effects Subcommittee
- Savannah River site Health Effects Subcommittee
- Idaho National Environmental and Engineering Laboratory (INEEL) Health Effects Subcommittee
- Advisory Committee for Energy-Related Epidemiological Research (ACERER)

## **Non-Government Healthcare Providers and Health Educators**

Healthcare providers and health educators are important conduits of information about radiation health effects and thyroid disease. The audience includes:

- Physicians, clinical endocrinologists, thyroidologists, nurses, and nurse practitioners, especially in the Northwest
- Healthcare providers and educators in community health centers, medical societies, and migrant health clinics
- Professional health organizations such as The American Thyroid Association and the Indian Health Service

CDC will communicate with groups representing healthcare providers and health educators to announce the public event, a toll-free number, a Web site, and other means for accessing information about the HTDS. The agency will conduct a direct mailing about a month before the final release to announce the public meeting.

## **Government Officials and Agencies**

Many government officials and agencies, including public health agencies at all levels of government, have been involved in the HTDS. These include:

- State and local public health agencies in Washington, Oregon, and Idaho
- Local and regional elected and appointed officials
- Agencies within the U.S Department of Health and Human Services (Centers for Disease Control and Prevention, Agency for Toxic Substances and Disease Registry, the National Cancer Institute)
- U.S. Department of Energy, Veterans Administration, National Indian Council on Aging
- Congressional delegations from Washington, Oregon, and Idaho

As with other audiences, CDC will continue to communicate with government officials and agencies to ensure that all target groups are aware of the final release date, and are able to access information about the HTDS. The agency will conduct a direct mailing to these groups about a month before the final release to announce the public meeting.

## **Media**

Hanford issues, the HTDS being one of many, receive a good deal of coverage in the Tri-City region. This audience includes:

- Local and regional print, TV, and radio media
- National print media
- Science, nuclear, and healthcare trade publications
- Government newsletters

As noted, CDC will release the HTDS Final Report at a public event in Richland, Washington, on June 21, 2002. News editors and reporters will be provided a news release, the HTDS brochure and a summary brochure that morning. This will give media outlets extra time to study the findings and prepare news stories before the report is officially released. The media will also be invited to a media availability session with HTDS scientists, which will be held prior to the public event. The session will provide reporters advance access to and interviews with the HTDS research team. Interviews and information about the study will be embargoed until the beginning of the public event in the evening.

A media advisory, informing reporters about the public event and media availability session will be sent out one week in advance of the public event to reporters in Washington, Oregon, and Idaho.

CDC will post information about the public event on the Federal Register and place public event announcements in newspapers and radio outlets throughout Washington State (Tri-Cities, Spokane, Seattle).

## **National scientific and academic communities**

As part of its effort to advance the science of epidemiology and radiation studies, CDC will communicate the findings of the HTDS and lessons learned from the study to the national scientific and academic communities. This audience includes:

- National Academy of Sciences
- Universities (University of Washington, John Hopkins University, Rutgers University)
- Professional organizations

## Addressing the Public's Concerns

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The following is information that will be communicated by CDC and the Fred Hutchinson Cancer Research Center in the release of the HTDS Final Report:

### Findings

- HTDS data show that the risks of thyroid disease were about the same regardless of the doses of iodine-131 people received from Hanford. Researchers studied all types of thyroid disease, as well as a disease of the parathyroid gland called hyperparathyroidism, and abnormalities of the thyroid gland that can be seen on ultrasound examination. In each case, the results were the same.
- The results do not prove that Hanford radiation had no effect on the health of the area population. However, they are evidence that if there is an increased risk of thyroid disease from exposure to Hanford's iodine-131, it is probably too small to detect using the best epidemiologic methods available.
- No epidemiological study can state with absolute certainty whether or not an exposure has affected people's health. Nevertheless, studies like the HTDS can be conducted in ways, and with enough participants, to provide confidence in the results.
- Other studies show high doses of external radiation cause thyroid disease. The Hanford situation is different in that it was internal exposure to lower doses of iodine-131.
- Thyroid disease was found in the study population. This was expected because thyroid disease is common in other populations, especially among older people and women.
- Researchers found that the rates of thyroid disease in the HTDS population were generally consistent with the rates of disease detected in other populations. There is no indication that the levels of disease in the HTDS population are any higher than what have been reported around the world in a variety of different circumstances.

## Credible Science

- Most advanced scientific methods available. Study design highly commended by National Academy of Sciences and other independent scientists.
- Ongoing scientific peer review – more extensive than any study of its kind.
  - NAS: Pilot Study, Analysis Plan, HTDS Draft Report
  - Plus other scientific critiques
  - Advisory committee provided ongoing monitoring and public forum
- Demonstrated ability to locate, recruit, and evaluate large sampling of most vulnerable population group (all participants were young children during highest releases from Hanford).
- Participants underwent complete evaluations for thyroid disease, and provided detailed information about the places they lived, and the quantities and sources of the food and milk they consumed.
- Study group represents sampling of wide range of possible doses, from highest to practically none. This enabled researchers to compare groups of people who have similar characteristics (such as birth, diet, lifestyle, environment) but different levels of exposure.
- No study can determine the cause of an individual's thyroid disease. However, an epidemiological study such as the HTDS provides the best way to determine whether disease has increased in a population exposed to a potentially harmful agent such as radiation.
- This approach of using one population comprised of individuals with different levels of exposure has been used extensively in assessing the effects of radiation exposure in human populations. A less effective approach would be to compare the study group to a separate population presumed to be unexposed to radiation because scientists couldn't be certain whether any differences in the rates of disease were due to differences in exposures or some other factor.
- Nationally respected research team (CDC and the Fred Hutchinson Cancer Research Center).

## **Many factors affect thyroid health**

- Diet, family health history.
- Radiation exposures (internal or external, doses received, rate at which the doses were received, one's age at time of exposure, how much time has passed since the exposure, and how much non-radioactive iodine a person gets in his/her diet).
- Thyroid disease is common, especially among older people and women. Most thyroid problems can be detected and treated.
- If you're concerned about the effects of iodine-131 from Hanford or if you experience thyroid disease symptoms, we encourage you to see your doctor for a thyroid examination.
- Symptoms of too little thyroid hormone (depression or feeling blue, trouble concentrating, tiredness, dry skin and hair, weight gain, feeling cold all the time)
- Symptoms of too much thyroid hormone (nervousness, anxiety, tremor/shaking, fast irregular pulse, tiredness, feeling hot all the time)

## **We recognize the need for effective communications**

- Health is personal issue. We recognize that we need to be sensitive to the public's concerns about health issues when we communicate studies of this kind. Many people in the area have thyroid disease and want to know why.
- People need information to make decisions about their health. CDC wants to explain the science, be available to answer your questions, and provide useful information.
- CDC thanks the many individuals, public groups, advisory committees, scientists, health organizations, and government agencies have been involved throughout the HTDS process.
- HHS remains committed to public education in the region through ATSDR's Hanford Community Health Project and NCI's public education efforts.

## Strategies and Tactics

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As stated previously, CDC seeks to provide useful information about the HTDS to a wide range of audiences. Specific objectives are:

- To conduct meaningful communications about the study with HTDS participants and others interested in the findings.
- To provide individual dose estimates to HTDS participants in a meaningful way.
- To make the HTDS accessible to the public in formats that facilitate understanding.
- To raise awareness across target audiences of opportunities for learning more about the HTDS.
- To advance the science of epidemiology and radiation studies.

Strategies, activities, and materials for each audience are described below:

### All Audiences

Strategy	Activities	Materials
<p>Establish mechanisms and tools for communicating study results.</p>	<ul style="list-style-type: none"> <li>• Three weeks prior to release, post announcement of public event on CDC’s Web site.</li> <li>• Link HTDS Web page to ATSDR, NCI, and Fred Hutchinson Cancer Research Center Web sites.</li> <li>• Release day: activate toll-free HTDS answer line.</li> <li>• Release day: launch revised HTDS Web page.</li> <li>• Release day: public event in Richland (6:00 pm to 8:30 pm)</li> </ul>	<ul style="list-style-type: none"> <li>• HTDS brochure, “A Guide to the Hanford Thyroid Disease Study” (summary of findings and background information)</li> <li>• Three-page HTDS summary in English and Spanish</li> </ul>

## HTDS Participants

Strategy	Activities	Materials
<ul style="list-style-type: none"> <li>• Communicate directly with each study participant in a meaningful way.</li> <li>• Provide an opportunity for interaction with HTDS scientists.</li> </ul>	<ul style="list-style-type: none"> <li>• Four weeks prior to release: mailing to all participants announcing public event and other communications activities.</li> <li>• Several days prior to release: mailing to all HTDS participants (HTDS brochure, individual dose estimates, and contextual information on dose estimates).</li> </ul>	<ul style="list-style-type: none"> <li>• Individual dose estimates and contextual information that describes the meaning of the dose estimate (prepared by the Fred Hutchinson Cancer Research Center)</li> <li>• Mailing to participants announcing the public event and other communications activities</li> </ul>

## Hanford Area Public

Strategy	Activities	Materials
<ul style="list-style-type: none"> <li>• Make HTDS information readily available.</li> <li>• Provide opportunity for interaction with HTDS scientists via community event.</li> </ul>	<ul style="list-style-type: none"> <li>• Two week prior to release, place announcements about public event in local and regional newspapers.</li> <li>• Hold a public event in Richland, Washington (6:00 pm to 8:30 pm).</li> <li>• Videotape the presentation of the HTDS findings and interviews with HTDS scientists. Post videotape on the HTDS Web site.</li> <li>• Library Initiative: place HTDS executive summary and brochure in public, medical, and university libraries in Tri-city area.</li> </ul>	<ul style="list-style-type: none"> <li>• Print announcements for placement in local and regional newspapers</li> <li>• Public event signage for poster stations</li> </ul>
<p><b><i>Special public audiences:</i></b></p> <ul style="list-style-type: none"> <li>• <i>Hanford Health Effects Subcommittee (past and current members)</i></li> <li>• <i>Hanford Nuclear Site employees (past and current members)</i></li> <li>• <i>Hanford Thyroid Disease Advisory Committee (past members)</i></li> <li>• <i>Hispanic community</i></li> <li>• <i>Individuals who have sought information through the former Hanford Health Information Network</i></li> <li>• <i>Migrant workers</i></li> <li>• <i>Nine Indian Nations</i></li> <li>• <i>Public interest groups such as the Hanford Downwinders Coalition</i></li> </ul>	<ul style="list-style-type: none"> <li>• One month prior to release, send mailing to all past and current members of Hanford advisory committees, and leaders of other special public audiences, announcing public event and other communications activities.</li> <li>• One week prior to release, place radio PSAs in English and Spanish announcing event.</li> <li>• One day prior to release, send HTDS brochure to all past and current members of Hanford advisory committees, and leaders of other special audiences.</li> </ul>	<ul style="list-style-type: none"> <li>• Mailing to past and current members of Hanford advisory committees, and leaders of other special audiences, announcing the public event and other communications activities</li> <li>• Radio PSA in English and Spanish announcing the public event</li> </ul>

## Non-Government Healthcare Providers and Health Educators

Strategy	Activities	Materials
<ul style="list-style-type: none"> <li>Collaborate with local and national healthcare partners to raise awareness of HTDS activities.</li> </ul>	<ul style="list-style-type: none"> <li>Continue collaboration with professional organizations, e.g., American Association of Clinical Endocrinologists, The American Thyroid Association, Thyroid Foundation of America.</li> <li>One month prior to release, mailing to state and local physicians groups, medical societies, and clinics announcing public event and other communications activities</li> <li>One day prior to release, sent HTDS brochure to selected health and professional organizations, health providers and educators.</li> </ul>	<ul style="list-style-type: none"> <li>Mailing to healthcare partners announcing the public event and other communications activities</li> <li>Briefing materials</li> </ul>

## Government Officials and Agencies

Strategy	Activities	Materials
<ul style="list-style-type: none"> <li>• Keep government officials and agencies informed about HTDS communications activities.</li> <li>• Provide pre-release briefing to HHS and DOE personnel, and the Congressional delegations of Washington, Idaho, and Oregon.</li> <li>• Provide pre-release briefing to key state and local health personnel in Washington, Idaho, and Oregon to prepare them to answer questions about the HTDS.</li> </ul>	<ul style="list-style-type: none"> <li>• Regularly update state health departments in Washington, Idaho, and Oregon on HTDS communications.</li> <li>• Continue collaboration with ATSDR and NCI regarding I-131 educational initiatives.</li> <li>• One month prior to release, send mailing to Federal, state, and local officials and agencies announcing public event and other communications activities.</li> <li>• One month and again one week prior to release, send internal correspondence with same messages as mailing above to selected HHS and DOE personnel.</li> <li>• One day prior to release, sent HTDS brochure to selected Federal, state, and local government officials and agencies.</li> </ul>	<ul style="list-style-type: none"> <li>• Mailing to announce public event and other communications activities</li> <li>• Briefing materials</li> </ul>

## National Scientific and Academic Communities

<b>Strategy</b>	<b>Activities</b>	<b>Materials</b>
<ul style="list-style-type: none"><li>• Be pro-active in presenting the findings and lessons learned.</li></ul>	<ul style="list-style-type: none"><li>• Place articles on the findings in scientific journals and trade publications.</li><li>• Provide presentations at scientific meetings and symposia.</li></ul>	<ul style="list-style-type: none"><li>• Article on HTDS findings</li><li>• Presentation materials</li></ul>

## Media

Strategy	Activities	Materials
<ul style="list-style-type: none"> <li>• Be accessible and available for interviews.</li> <li>• Provide pre-release briefing to selected local reporters and editors.</li> </ul>	<ul style="list-style-type: none"> <li>• One week prior to release, distribute media advisory about public event and media availability session to selected local and regional reporters/editors, and wire services.</li> <li>• Two days prior to release, redistribute media advisory about public event and media availability session to selected local and regional reporters/editors, and wire services.</li> <li>• Night before release, Fed-Ex media kits to selected local and regional reporters/editors (news embargoed until 6:00 pm PDT on release day).</li> <li>• Release day: conduct media interviews (news embargoed until 6:00 pm that evening).</li> <li>• Release day 5:15 pm EDT, email news release to CDC national media list.</li> </ul>	<p>Press Kit contents:</p> <ul style="list-style-type: none"> <li>• News release</li> <li>• HTDS brochure</li> <li>• Three-page summary</li> </ul>

# Materials

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The following materials will be developed for the HTDS communications:

## **HTDS Brochure**

- All audiences will receive the same information about the HTDS – the HTDS brochure.
- The HTDS brochure will serve as a stand-alone document. It will include a summary of the findings and background information.
- Tone: clear, factual, credible, straightforward, non-scientific, not too detailed but helpful.
- Design: easy to navigate and read, enabling readers to quickly find information relevant to them, plenty of white space, lots of sidebars and sectionalized information.
- Graphics: info graphics, as necessary, to convey complex data in a simple fashion; timeline showing history of study; depiction of the scientific and public review process.
- Approximate length: 24 pages.

## **HTDS Summary**

- A three-page summary of the HTDS findings and what they mean.
- Produced in English and Spanish.

## **HTDS Web Site**

- Goal: to provide a learning tool rather than simply a central depository of documents, enabling users to access information in ways that are most comfortable to them.
- Content: the site will incorporate all of the elements of the HTDS brochure. It will include a “press room” and pdf files of the HTDS brochure, the three-page summary brochure (English and Spanish), the complete HTDS technical report and related documents. It will also include videotape from the public event.
- Design concept: enable visitors to work with the information and learn about the study at their own pace, much as would a visitor to a public event, or a reader of a direct mail package.
- Tone: same look, tone, feel, and messages as the HTDS brochure.
- The HTDS Web site will be housed within CDC’s Radiation Studies Branch Web site.

## **Public Event Web Video**

CDC will videotape the public presentation of the HTDS findings and interviews with HTDS scientists. Videotape will be posted in the “download library” on the HTDS Web site.

## **Personalized Information for HTDS Participants**

In addition to the HTDS brochure, HTDS participants will receive individual dose estimates, as well as contextual information explaining the meaning of the dose estimate. This information will be prepared and disseminated by the Fred Hutchinson Cancer Research Center.

## **Outreach Materials**

Various materials will be developed for communicating HTDS information and announcing the public event, the HTDS Web site, the toll-free number, and the library initiative (HTDS brochures available in public, medical, university libraries throughout the region). These materials include:

- Print announcements for placement in local and regional newspapers (announcing the public event).
- Radio PSAs in English and Spanish announcing the public event.
- Poster displays for the public event on the following topics, “Findings of the Hanford Thyroid Disease Study,” “What Happened at Hanford,” “About Radiation,” “About Epidemiology,” “About Thyroid Disease” and “Hanford Community Health Project.”
- Direct mail to announce the public event and other communications activities to state and local healthcare providers and educators, local and regional government officials and agencies, public interest groups, and other special audiences.
- Signage for the public event.

## **Media Materials**

In addition to the HTDS brochure and three-page summary, the media will receive the following materials:

- Advisory announcing the public event.
- News release announcing the findings of the HTDS Final Report.