

MERCURY RESPONSE IN TEXAS ELEMENTARY SCHOOL

RISK COMMUNICATION THROUGH THE LENS OF THE SALT FRAMEWORK



Strategy

Introduction

Three children, ages 9,11,14 presented to the emergency room with a rash, fever, hypertension, extremity pain and other symptoms. Initially, their symptoms were attributed to a normal viral exposure. However, during a follow-up visit, one of the children (age 14) asked if their symptoms could be due to exposure to mercury. Ten days prior to their visit to the emergency room, the oldest child had found a small container of mercury outside. After discovering the mercury, the children played with it and two of them brought it to their school to show their friends.

Testing by the EPA revealed that the children's home was heavily contaminated. Mercury was also detected in the elementary school of the younger children.

Action

Learning & Tools

Goal:

Improve public health in the community.

Objectives:

- Provide accurate and actionable information about the risks and EPA's actions to protect public health.
- Show empathy and build trust that EPA is taking reasonable, appropriate, and protective actions.
- Increase feelings of safety in the community.

Risks that impact kids can lead to fear.

Risk communication on this project required providing clear information about the risks and actions to take, while also making sure families felt safe.



Risk Communication Challenge

Mitigating the risk of exposure to students, teachers, and families required significant impacts to the community and the family whose home contained contamination. Most clothes, all soft chairs, couches, and other soft materials had to be removed from the home and discarded and portions of the elementary school were closed for an entire week. It was important to build trust and support for EPA and other federal agency actions, and feelings of safety that those actions would be protective. It was important for other students and families to feel safe coming forward if there had been additional exposures.



Strategy

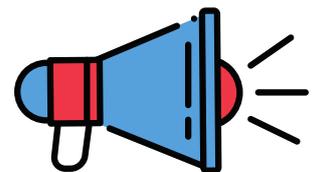
Taking Stock

The university toxicology service, including the Pediatric Environmental Specialty Unit (PEHSU) in Region 6, ATSDR, the EPA regional office, state and local health departments, school officials, the Children's Medical Center where the children received care and the regional poison control center were all partners and each brought unique skills and resources to the table. From a risk communication perspective, the public health expertise from trusted local experts and availability of existing hotline infrastructure were essential to achieving goals and objectives.



Identify Platforms

Multiple platforms were chosen to improve the chances of reaching all impacted audience members who likely have varying ability to attend to any individual platform.



These included an information letter to all parents at the school, a public meeting, the poison control hotline available 24/7 staffed with experts aware of the issue, and message dissemination through the local media.

One tactic used was to rely on trusted local public health professionals to deliver important health messages. Another tactic to increase the sense of trust was to make sure staff directly involved with the incident were also the ones speaking with parents and teachers at the public meeting. Finally, there was a strong focus on coordination across the many partners involved both before, during, and after any communication effort.



What We Did

An information letter to parents was developed and the poison control center was designated as a place where worried parents could call 24/7 for reliable, accurate information. A script was developed and poison control staff were educated about the issue so that they could provide the best possible support to parents. These phone calls were also tracked to allow EPA staff and our partners on the ground to learn from the concerns being expressed and other pertinent information.

We held a public meeting with parents (over 120 attendees), school officials, medical professionals, and other partners. The school principal who was a trusted and familiar leader to the attendees facilitated the meeting allowing direct interaction between between local public health professionals, the mitigation team, and other experts. To facilitate more honest and open dialogue, news media were not in the room, but they were allowed in to receive information about health risks and the response afterwards.



These efforts resulted in effective, correct information flowing to the public, keeping them informed but calm. In addition, stakeholders disseminated information about the incident before the local media, further allowing for controlled, appropriate external communication.

Action



Relationship Factors

The team built trust and feelings of safety by showing empathy, showing commitment to seeing the issue through, and by speaking side by side with the school principal, school officials, and trusted local health experts.



Communicator Factors

Long standing partnerships between various government agencies helped facilitate communication and coordination of risk communication and other actions. All federal public health and environmental officials were from regional offices making them familiar with local and state officials. In addition, all involved were experts in appropriate fields such as public health toxicology, environmental health, environmental contamination and education.



Hazard Factors

Anytime children or another sensitive group is involved in a public health incident, perceptions of risks (accurately or otherwise) may be heightened, further complicating risk communication efforts.

Learning

One of the keys to successfully addressing this incident was the speedy communication between stakeholders. All necessary agencies (local, state and federal) started communicating immediately and consistently with daily teleconferences.

The constant coordination and communication of the various agencies involved in this case provided the opportunity to adapt risk communication efforts based on how well they worked (or didn't work) once employed in the community. For example, if calls to the poison control center or the public meeting with parents revealed the need for more targeted or different types of messaging, the constant communication between stakeholders allowed for risk communications efforts to quickly pivot to meet the needs of community members.

In addition, long standing relationships between various groups such as the regional PEHSU, regional ATSDR office and county health department helped facilitate communication and a coordinated response. This underscores the importance of establishing relationships between various stakeholders before a crisis occurs.



When time and resources are limited, it is also important to think about who wants to be involved vs who needs to be involved.

Finally, it is important to consider that there are stakeholders who may be able to provide important perspectives to solve the problem who may not seem obvious initially. Therefore, a careful analysis of all possibly affected stakeholders needs to be conducted before initiating risk communications along with continuous evaluations during an incident to identify stakeholders who may not have been originally identified.

Tools

General concepts from various risk communication tools were used when developing the information sheet for parents and the script for the poison control staff.



Language Review

Language review helped ensure technical jargon was not used and instead clear, easy to understand language was used.

Resources

Watch a video about this Mercury response: https://youtu.be/jwahZO_brQU
(Source: Pediatric Environmental Health Specialty Units)