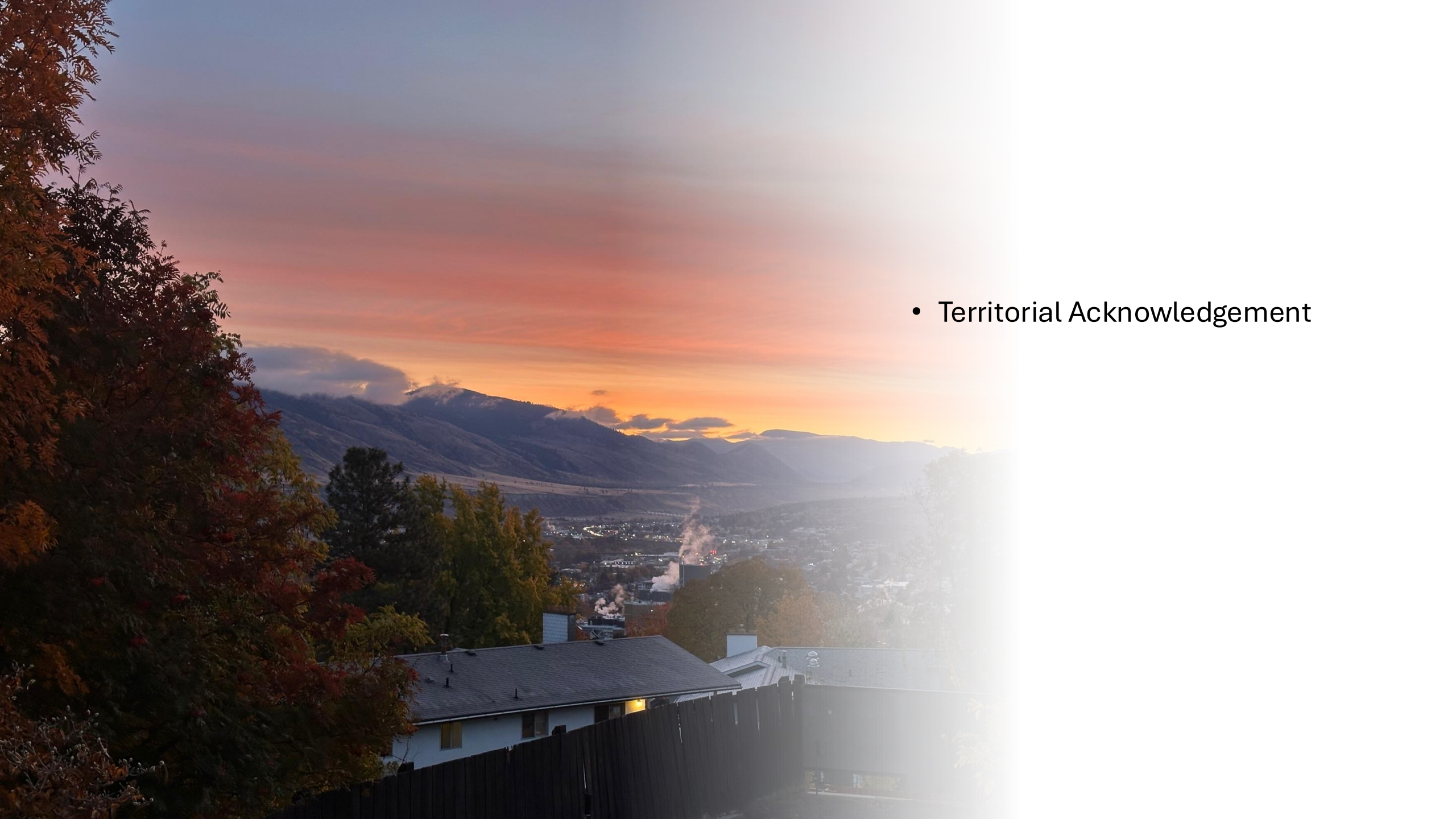


CMNS 3420 – 02 – Advanced Professional Communication – March 9, 2026



Illustration by [Art Attack](#) on [Unsplash](#)



- Territorial Acknowledgement

Where we're going today



Design considerations



Language considerations

Elevator safety

1 If you are stuck in an elevator:

- 1 Stay in the elevator.
- 2 Ring the alarm.
- 3 Call Campus Security.
- 4 Wait for professional help to come.

2 Don't get in an elevator if the door opens and you can see:

 Light leak	 Elevator is moving or is not level with floor	 No vibrator
--	--	--

Safety is everyone's responsibility. For more information, visit [www.campussecurity.com](#) or call 781-552-2222.

3



Elevator safety

1

If you are stuck in an elevator:

- 1 Stay in the elevator.
- 2 Ring the alarm.
- 3 Call Campus Security.
- 4 Wait for professional help to come.

2

Don't get in an elevator if the door opens and you can see:

Lights out



Elevator is moving or is not level with floor



No elevator



Safety is everyone's responsibility.

Report any elevator issue to Campus Security
via the TRU Safe app or call 250-828-5033.



Global Nutrition Targets 2025

Wasting Policy Brief



TARGET:

Reduce and maintain childhood wasting to less than 5%



WHAT'S AT STAKE

In 2012, the World Health Assembly Resolution 65.6 endorsed a *Comprehensive implementation plan on maternal, infant and young child nutrition (1)*, which specified six global nutrition targets for 2025 (2). This policy brief covers the sixth target: **reduce and maintain childhood wasting to less than 5%**. The purpose of this policy brief is to increase attention to, investment in, and action for a set of cost-effective interventions and policies that can help Member States and their partners to reduce and maintain the rate of childhood wasting.

The global target for 2025 will be achieved if high-burden countries take stock of their current prevalence, projected population growth, underlying causes of wasting and the resources available to address them; set target annual reduction rates to guide intervention efforts; mobilize necessary resources; and develop and implement systematic plans for the reduction of wasting. In addition, all countries need to examine inequalities among populations and identify priority actions for particular vulnerable or marginalized groups, where there are clusters of large numbers of wasting children. Such an equity-inspired approach is both an ethical imperative and a judicious investment strategy.

Wasting is a major health problem and, owing to its associated risks for morbidity, requires urgent attention from policy-makers and programme implementers alike. Addressing wasting is of critical importance because of the heightened risk of disease and death for children who

lose too much of their body weight. It will be difficult to continue improving rates of child survival without improvements in the proportion of wasted children receiving timely and appropriate life-saving treatment, alongside reductions in the number of children becoming wasted in the first place (prevention).

The World Health Organization (WHO) classifies wasting in children as severe or moderate, according to the WHO growth reference for weight-for-height (3). This definition does not include children with bilateral pitting oedema – a form of acute undernutrition that results from similar causal pathways to wasting. Wasting is a reduction or loss of body weight in relation to height. Acute malnutrition in children aged 6 to 59 months can be either moderate or severe. Severe acute malnutrition is defined as severe wasting (low weight-for-height) and/or mid-upper arm circumference (MUAC) <115 mm and/or bilateral pitting oedema. Moderate acute malnutrition is defined as moderate wasting and/or MUAC

Fiscal Equity:

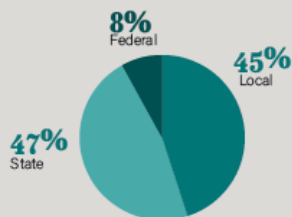
Closing the School Funding Gap



Not only is school funding insufficient overall, but it is also highly regressive.

Though students experiencing poverty require additional resources for their success, they are often provided with significantly less than their more affluent peers due to discrepancies in state wealth and excessive reliance on property taxes for school funding.¹

Who's Paying?



81% of local revenue used for school funding comes from property taxes.⁷

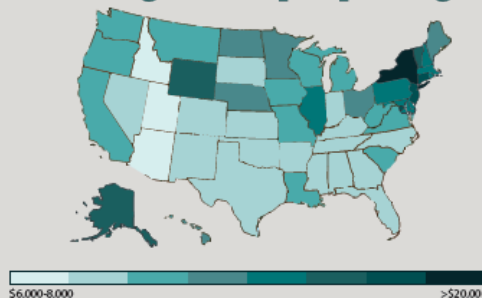
What's The Big Deal?

- Reliance on property taxes for funding creates vast inequities between and within districts.¹
- Interstate funding gaps account for 2/3 of funding inequities. As shown in the map below, some states provide an average of 3 times as much funding per student as others.⁶
- Greater school funding is strongly correlated with positive outcomes such as higher test scores and graduation rates. Evidently, equitable school funding is a critical component of achieving the American promise of universal education.⁴

“An educated citizenry is a vital requisite for our survival as a free people”

Thomas Jefferson⁴

Average Per-Pupil Spending⁷



RURAL HEALTH

POLICY BRIEF

PROTECTING RURAL AMERICANS FROM MOTOR VEHICLE DEATHS

3 TO 10

MOTOR VEHICLE DEATHS ARE 3 TO 10 TIMES HIGHER IN RURAL AMERICA

THE DATA

Motor vehicle crashes are a leading cause of death nationwide. Increasing seat belt use is an evidence-based strategy to prevent passenger vehicle occupant deaths and has been shown to reduce the risk of serious injury or death by about 50%.¹ While less than 20% of the US population lives in rural areas, more than half of all passenger vehicle occupant deaths occur on rural roads.² This policy brief is a companion to CDC's *Morbidity and Mortality Weekly Publication, Rural and Urban Differences in Passenger-Vehicle-Occupant Deaths and Seat Belt Use Among Adults – United States, 2014* and will explore policy options that may increase seat belt use among vulnerable rural populations. The brief also includes three case studies that present examples from the field.

ISSUE OVERVIEW

Data demonstrates that people living in rural areas have higher rates of passenger vehicle occupant deaths and a higher proportion of unrestrained deaths. Rural residents consistently self-report significantly lower levels of seat belt use than their urban counterparts.³ These data highlight the need to improve motor vehicle safety and seat belt use among rural residents.

Policy options that can increase seat belt use by rural residents include:

- Primary enforcement laws requiring seat belt use in the front and rear seats
- Enhanced/high visibility on enforcement campaigns (such as Click It or Ticket)

While there is evidence demonstrating the effectiveness of these policies in increasing seat belt use,^{4,5} more information is needed to understand how to effectively target rural populations and reduce the seat belt use disparity.



Some design elements as you finish up the policy brief


- Audience-Focused Visual Story
- Clear, Concise and Coherent Expression
- Consistent and Accessible Layout
- Strategic Visuals



Create a design guide for your brief

- A list of features or as a page mock-up.
- Include decisions on *at least* the following elements:
 - Page Design
 - Spacing
 - Margins
 - Font
 - Headings
 - Page Layout
 - Configuration
 - Text columns
 - Quote design
 - Pull Out design
 - Style Emphasis





Starting points:
Title for your policy
brief and setting
the context

2

Adolescents' Dermatologic Health in Outlandia: A Call to Action

The Report on Adolescents' Dermatologic Health in Outlandia (2010), issued by Secretary of Health Dr. Polly Galver, served as a platform to increase public awareness on the importance of dermatologic health for adolescents. Among the major themes of the report are that dermatologic health is essential to general health and well-being and that profound and consequential dermatologic health disparities exist in the state of Outlandia. Dr. Galver stated that what amounts to a silent epidemic of acne is affecting some population groups—restricting activities at schools, work, and home—and often significantly diminishing the quality of life. Dr. Galver issued the Report on Adolescents' Dermatologic Health as a wake-up call to policymakers and health professionals on issues regarding the state's dermatologic health.

Seeing Spots: Addressing the Silent Epidemic of Acne in Outlandia's Youth

Why now?

- Acne is the most common chronic disease among adolescents in Outlandia.¹
- Acne has far-reaching effects on the health and well being of adolescents.
- It affects success in school, social relationships, and general quality of life.
- Many youth in Outlandia are unable to access treatment for acne.
- The report on Adolescents' Dermatologic Health has sound recommendations to improve access.

1. Galver, 2010

Coming up...

Next class – working class to finish Policy Brief

Policy brief due Friday, March 13

- Keep doing
- Stop doing
- Start doing