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Salton Sea Forum Website: Community Dissemination of Health Information

A Thesis submitted in partial satisfaction
of the requirements for the degree of

Master of Science

in

Biomedical Sciences

by

William Molina Hora

June 2026

Thesis Committee:

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CHAPTER ONE—Framing Community-Centered Medical Communication: The Case of the Salton Sea Forum

Effective communication of medical and environmental information remains one of the most persistent challenges in modern healthcare (Berkmann et al., 2011). While scientific and clinical knowledge continues to expand at an unprecedented rate, the translation of that knowledge into formats that are accessible, trustworthy, and actionable for the general public has not kept pace. This disconnect is particularly evident in communities disproportionately affected by environmental health risks, where residents must navigate complex, and often conflicting, information about exposures, long-term health consequences, and mitigation efforts.

The consequences of ineffective communication extend beyond confusion or inconvenience. Poorly communicated health information can contribute to mistrust in institutions, reduced adherence to medical recommendations, and the proliferation of misinformation (U.S. Surgeon General, 2021; World Health Organization [WHO], 2023). In recent years, the rise of digital media has further complicated this landscape, enabling the rapid spread of both accurate and inaccurate information. As a result, improving how medical information is communicated has become as important as the information itself.

The Salton Sea region in Southern California provides a compelling case study for examining these challenges. The area has long faced environmental concerns, including declining water levels, increased dust exposure, and associated respiratory health risks (California Air Resources Board [CARB], 2023). These issues have prompted significant

concern among residents, many of whom have expressed frustration with the accessibility and clarity of available information.

In response to this feedback, a series of community forum events were held in collaboration with the California Air Resources Board (CARB). These forums served as a platform for residents to voice concerns, ask questions, and engage with experts. One of the most consistent themes to emerge from these discussions was the need for a centralized, accessible source of information that could address community concerns in a clear and understandable manner.

The Salton Sea Community Forum was developed as a direct response to this need. As described in the Salton Sea Community Forum Meeting Synopsis (2023), the forum is intended to function as “a central data hub that brings together easily accessible information in a single site for community residents” (CARB, 2023). Beyond simply aggregating information, the forum seeks to present content in a way that is intentionally designed for accessibility, including standardized report formats, simplified language, and multilingual support.

This thesis examines the development of the Salton Sea Community Forum as a model for community-centered medical and environmental health communication. It explores the challenges encountered during the project’s development, including institutional barriers related to ethical review processes, and the subsequent shift toward a multidisciplinary, collaborative approach. Additionally, it situates the forum within a broader context by comparing it to similar efforts in other environmental health crises, such as the Flint, Michigan water crisis.

Central to this analysis is the argument that improving health outcomes requires not only scientific and clinical advancements, but also a fundamental rethinking of how information is communicated. By prioritizing accessibility, relevance, and community engagement, initiatives like the Salton Sea Community Forum have the potential to bridge the gap between knowledge and action.

CHAPTER TWO—Health Communication and Community Engagement

The field of health communication has increasingly recognized that the effectiveness of medical information depends not only on its accuracy, but also on how it is delivered. Traditional models of communication in healthcare have often relied on a top-down approach, in which experts disseminate information to passive recipients. However, this model has been widely criticized for failing to account for the diverse needs, experiences, and perspectives of different communities.

One key concept in contemporary health communication is health literacy, which refers to an individual's ability to obtain, process, and understand basic health information needed to make informed decisions (Institute of Medicine, 2004). Research has consistently shown that limited health literacy is associated with poorer health outcomes, including higher rates of hospitalization and lower utilization of preventive services (Berkman et al., 2011). Importantly, health literacy is not solely a function of individual capability; it is also influenced by how information is presented.

Efforts to improve health literacy have therefore emphasized the importance of clear communication strategies, including the use of plain language, visual aids, and culturally relevant messaging. The recommendation to target materials at approximately an eighth-grade reading level has become a widely accepted standard in public health communication (National Institutes of Health [NIH], 2023). This approach aligns with the design principles of the Salton Sea Community Forum, which seeks to make complex information more accessible without sacrificing accuracy.

In parallel with these developments, the rise of medical misinformation has emerged as a major public health concern (U.S. Surgeon General, 2021; WHO, 2023). Misinformation can spread rapidly, particularly through social media platforms, and often exploits gaps in understanding or trust. In some cases, misinformation may be more accessible or emotionally resonant than scientifically accurate information, making it more likely to be accepted by certain audiences.

Addressing misinformation requires more than simply providing correct information. It also involves building trust, engaging with communities, and understanding the underlying factors that influence how people interpret and respond to information. Community engagement has therefore become a central component of effective health communication strategies.

Community-based approaches emphasize collaboration between researchers, practitioners, and community members (Israel et al., 2013). Rather than treating communities as passive recipients of information, these approaches recognize them as active participants in the creation and dissemination of knowledge. This shift has been associated with improved relevance, acceptance, and impact of health interventions (Minkler & Wallerstein, 2011).

The Salton Sea Community Forum reflects many of these principles. By incorporating feedback from community forum events and involving a multidisciplinary content committee, the project seeks to align its content with the needs and priorities of the community it serves. Additionally, its emphasis on accessibility, standardization, and multilingual communication addresses key barriers identified in the literature.

At the same time, the project highlights ongoing challenges in implementing community-based approaches within existing institutional frameworks. As explored in a successive chapter, the interaction between traditional research oversight mechanisms, such as Institutional Review Boards, and more flexible, community-oriented methodologies can create tensions that must be carefully navigated.

CHAPTER THREE—Variations On A Theme: Comparative Approaches To Environmental Health Communication

Environmental health crises often reveal not only underlying infrastructural or ecological failures, but also profound breakdowns in communication between institutions and the communities they serve. The Flint, Michigan water crisis stands as one of the most widely studied examples of such a breakdown, offering important lessons for initiatives like the Salton Sea Community Forum.

Beginning in 2014, the city of Flint switched its water source to the Flint River as a cost-saving measure (Flint Water Advisory Task Force, 2016). Inadequate treatment of the water led to corrosion in aging pipes, resulting in the leaching of lead into the drinking water supply (Hanna-Attisha et al., 2016). Despite mounting evidence of contamination and growing concerns from residents, official responses were slow, inconsistent, and, at times, dismissive (Michigan Civil Rights Commission, 2017). This delay in acknowledgment and action significantly exacerbated both the physical and social consequences of the crisis.

A key issue in Flint was not simply the presence of environmental risk, but the failure to communicate that risk effectively and transparently. Residents were often provided with information that was either overly technical, incomplete, or contradictory. In some cases, official messaging directly conflicted with the lived experiences of community members, further eroding trust.

In response to these failures, a range of efforts emerged to improve communication and rebuild trust. Academic institutions partnered with community

organizations to conduct independent testing and share results in more accessible formats. Public health campaigns were developed to educate residents about lead exposure and mitigation strategies. Digital platforms and data dashboards were created to centralize information and make it more readily available (Flint Water Advisory Task Force, 2016).

Comparing these efforts to the Salton Sea Community Forum reveals several important parallels. Both contexts involve communities facing complex environmental health risks and a need for clear, accessible information. In both cases, there is recognition that traditional modes of communication—such as technical reports or fragmented agency updates—are insufficient for meeting community needs.

However, the Salton Sea initiative differs in its proactive design. While many of Flint’s communication improvements were reactive, emerging after significant damage had already occurred, the Salton Sea Community Forum represents an attempt to build an effective communication infrastructure from the outset. This forward-looking approach allows for the incorporation of best practices identified in prior crises.

One such practice is the emphasis on readability and standardization. The Salton Sea Forum’s use of concise reports (500–600 words) written at an approximate eighth-grade reading level reflects an intentional effort to reduce barriers to understanding. In contrast, much of the early communication in Flint relied on technical language that was inaccessible to many residents.

Another key distinction is the integration of multilingual communication, particularly through Spanish translations. This feature acknowledges the linguistic diversity of the Salton Sea region and addresses a common gap in public health

communication. In many environmental crises, language barriers can significantly limit access to critical information.

The role of trust also emerges as a central theme in both cases. In Flint, trust was severely undermined by delays, inconsistencies, and perceived negligence. Rebuilding that trust required sustained effort and community engagement. The Salton Sea Community Forum, by contrast, seeks to establish trust proactively by prioritizing transparency, accessibility, and responsiveness from the beginning.

Despite these differences, both cases underscore the importance of aligning communication strategies with the needs and experiences of the community. Effective communication is not simply about transmitting information; it is about ensuring that information is understood, trusted, and usable.

The comparison also highlights a broader implication: environmental health communication should be treated as a core component of public health infrastructure, rather than an afterthought. Just as physical systems require maintenance and investment, so too do the systems through which information is conveyed.

By drawing on lessons from Flint and similar crises, the Salton Sea Community Forum contributes to an evolving model of community-centered communication—one that emphasizes clarity, inclusivity, and collaboration as essential elements of effective public health practice.

CHAPTER FOUR—To IRB Or To Not IRB: Ethical Considerations And Institutional Barriers In Community-Based Research

Institutional Review Boards (IRBs) are foundational to ethical research involving human subjects, providing oversight intended to protect participants from harm and ensure that studies adhere to established ethical standards (The National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research, 1979). Rooted in principles such as respect for persons, beneficence, and justice, IRBs serve an essential role in maintaining public trust in research (The National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research, 1979). However, when applied to community-based, iterative, and nontraditional projects, the IRB process can present significant challenges that may ultimately hinder, rather than facilitate, meaningful engagement.

The development of the Salton Sea Community Forum illustrates this tension. Initially, the project sought to incorporate formalized mechanisms for gathering community input, which necessitated IRB review (see Appendices A, B, and C). What followed were multiple rounds of revisions that produced limited forward progress. While some delays are expected in any review process, the extent and persistence of these revisions suggested a deeper misalignment between the structure of the IRB process and the nature of the project itself.

One contributing factor was the composition and capacity of the IRB. Structural limitations—such as the lack of a reviewer with medical expertise—complicated the evaluation of a project centered on health communication. This highlights a broader

issue: IRBs are not always equipped with the disciplinary diversity necessary to assess interdisciplinary or community-engaged work. When review boards lack relevant expertise, the process may become overly cautious, inconsistent, or inefficient.

Beyond logistical barriers, the IRB process raised more fundamental questions about the classification of the project. The Salton Sea Community Forum was not designed as a traditional research study aimed at generating generalizable knowledge through controlled methodologies. Rather, it was an adaptive, community-responsive initiative focused on information dissemination and public engagement. Attempting to fit such a project into a conventional research framework introduced constraints that limited flexibility and responsiveness.

This misalignment is not unique. Scholars in community-based participatory research (CBPR) have long noted that IRB processes are often better suited to static, hypothesis-driven studies than to dynamic, collaborative projects (Minkler & Wallerstein, 2011). CBPR emphasizes ongoing dialogue, iterative development, and shared ownership between researchers and community members—elements that can be difficult to reconcile with rigid protocols and predefined methodologies (Israel et al., 2013).

In light of these challenges, the project team made a strategic decision to step back from an IRB-centered approach to community input. This was not a dismissal of ethical considerations, but rather a recognition that ethical engagement can take multiple forms. Instead of relying on formalized data collection under IRB oversight, the team turned to alternative sources of guidance that better aligned with the project's goals.

Central to this shift was the establishment of a multidisciplinary content committee. This committee, composed of experts from biomedical science, public health, public policy, social work, and medicine, provided structured yet flexible input on the development of forum content. Unlike the IRB process, which emphasized procedural compliance, the content committee focused on relevance, clarity, and community impact.

This transition reflects an important distinction between ethical oversight and effective engagement. While IRBs are essential for protecting individuals in research contexts, they are not the only mechanism for ensuring that projects are conducted responsibly. In some cases, particularly those involving public-facing resources rather than human subject experimentation, alternative models may be more appropriate.

However, it is important to acknowledge the limitations and risks of moving away from formal oversight structures. Without IRB review, projects must be especially vigilant in maintaining ethical standards, including transparency, respect for community perspectives, and avoidance of harm. The absence of formal review does not eliminate ethical responsibility; if anything, it places greater emphasis on internal accountability and reflexivity.

Ultimately, the experience of the Salton Sea Community Forum suggests that a more nuanced approach to ethical oversight is needed—one that recognizes the diversity of research and engagement models. Rather than applying a one-size-fits-all framework, institutions may benefit from developing more flexible review pathways tailored to community-based and public-facing initiatives. Such adaptations could help balance the

need for ethical rigor with the practical realities of working in complex, real-world contexts.

CHAPTER FIVE—Implications For Healthcare Providers: Rethinking Provider-Patient Communication In The Age Of Misinformation

The evolving landscape of medical information presents new challenges for healthcare providers. Patients are no longer passive recipients of knowledge; instead, they actively seek information from a wide range of sources, including online platforms, social media, and community networks (Pew Research Center, 2023). While this increased access to information has the potential to empower patients, it also exposes them to misinformation, conflicting narratives, and varying levels of credibility.

In this context, the role of the healthcare provider extends beyond diagnosis and treatment. Providers must also serve as interpreters, educators, and, in many cases, correctors of misinformation (Schillinger et al., 2003). This shift requires a reevaluation of traditional communication strategies and an increased emphasis on clarity, adaptability, and empathy.

Drawing from a teaching perspective offers a useful framework for understanding this dynamic. The notion that “there are no bad students, only bad teachers,” while not universally applicable, highlights the importance of how information is delivered. In educational settings, effective teaching requires not only mastery of content, but also the ability to tailor instruction to the needs of diverse learners. Similarly, in healthcare, effective communication requires providers to consider how patients receive, interpret, and act upon information.

Of course, this analogy has its limits. Just as some students may disengage regardless of instructional quality, some patients may remain resistant to medical

guidance. Factors such as cultural beliefs, prior experiences, and mistrust of institutions can all influence patient behavior. However, these challenges do not diminish the importance of improving communication; rather, they underscore its necessity.

One key concept in this regard is metacognition, or the awareness of one's own thought processes. For healthcare providers, metacognitive communication involves reflecting on how information is presented and how it may be perceived by patients. This includes considerations of language complexity, tone, framing, and cultural relevance. For example, simplifying medical terminology, using analogies, and confirming understanding through teach-back methods can significantly enhance patient comprehension (Agency for Healthcare Research and Quality, 2020).

The Salton Sea Community Forum reflects many of these principles at a systems level. By standardizing content to an approximate eighth-grade reading level, limiting report length, and incorporating multilingual translations, the forum operationalizes strategies that individual providers can also adopt in clinical settings. In this sense, the project serves not only as a resource for the community, but also as a model for effective communication practices.

Another important implication for healthcare providers is the need to engage with patients as partners in the communication process. This involves listening to patient concerns, acknowledging uncertainties, and validating lived experiences. In environmentally impacted communities, where residents may have long histories of perceived neglect or marginalization, such engagement is particularly critical (WHO, 2023).

Ultimately, improving provider–patient communication is not a panacea for all healthcare challenges. However, it represents a foundational component of effective care. By prioritizing clarity, accessibility, and responsiveness, healthcare providers can play a central role in bridging the gap between medical knowledge and patient understanding, thereby contributing to improved health outcomes.

CHAPTER SIX—The Beauty Of Multidisciplinary Work: Integrating Biomedical Science, Public Health, Policy, And Social Perspectives For Holistic Care

The complexity of modern health challenges necessitates approaches that extend beyond the boundaries of any single discipline. The Salton Sea Community Forum exemplifies the value of multidisciplinary collaboration, bringing together expertise from biomedical science, public health, public policy, social work, and medicine to inform the development of accessible and relevant content.

Each of these disciplines contributes a unique perspective. Biomedical science provides insight into the physiological mechanisms underlying health and disease. Public health emphasizes population-level patterns and prevention strategies. Public policy addresses the structural and regulatory factors that shape health outcomes. Social work brings attention to the social determinants of health and the lived experiences of individuals and communities (WHO, 2023). Medicine integrates these perspectives into clinical practice.

Individually, each field offers valuable contributions. Collectively, they enable a more comprehensive understanding of health that is both holistic and patient-centered (Institute of Medicine, 2004). This integration is particularly important in environmentally impacted regions, where health outcomes are influenced by a complex interplay of biological, environmental, and social factors.

The content committee guiding the Salton Sea Community Forum embodies this multidisciplinary approach. By drawing on diverse expertise, the committee is able to curate and develop reports that are not only scientifically accurate, but also socially and

contextually relevant. For example, a report on air quality may incorporate biomedical explanations of respiratory effects, public health data on exposure patterns, policy discussions on mitigation efforts, and social perspectives on community impact.

This collaborative model also enhances the credibility of the information presented (Israel et al., 2013). When content reflects input from multiple disciplines, it is less likely to be perceived as narrow or biased. Instead, it conveys a sense of thoroughness and balance, which can help build trust with the community.

Importantly, the benefits of multidisciplinary work extend beyond the final product. The process itself fosters dialogue, learning, and mutual respect among participants. Graduate students, medical students, and faculty involved in the project gain exposure to perspectives outside their primary fields, enriching their understanding and potentially influencing their future work.

The concept of holistic, patient-centered care is often discussed in clinical contexts, but it is equally applicable to the development of health communication tools. Patients do not experience health issues in isolation; their experiences are shaped by a range of interconnected factors. By incorporating multiple perspectives, multidisciplinary approaches are better equipped to reflect this complexity.

In many ways, the most visible aspects of healthcare—such as interactions with physicians and nurses—represent only a small portion of the broader system. Behind the scenes, a wide array of professionals contribute to the development, dissemination, and implementation of health information. Recognizing and leveraging this diversity of expertise is essential for addressing the multifaceted challenges of modern healthcare.

CHAPTER SEVEN—Best Practices For Community Medical Information: Insights From The Salton Sea Forum

The development of the Salton Sea Community Forum offers a practical framework for improving the communication of medical and environmental information. Several key best practices emerge from this experience, each of which addresses common barriers to understanding and engagement; these best practices are reflected in a style guide developed to facilitate the writing of new reports for the website (see Appendix D).

1. Standardization of Content: Consistency in format and structure enhances usability and comprehension. By limiting reports to 500–600 words and adhering to a clear organizational template, the forum ensures that users know what to expect from each piece of content. Standardization also facilitates comparison across topics and improves the overall coherence of the platform.
2. Readability and Clarity: Targeting an approximate eighth-grade reading level makes information more accessible to a broader audience (NIH, 2023). This involves simplifying language, avoiding unnecessary jargon, and focusing on key messages. Importantly, readability does not require oversimplification; complex ideas can be conveyed accurately using clear and concise language.
3. Multilingual Accessibility: Providing Spanish (a major language spoken in communities surrounding the Salton Sea) translations significantly expands the reach of the forum and acknowledges the linguistic diversity of the community. Language access is a critical component of health equity, as it directly influences who is able to benefit from available information (HHS, 2023).

4. Relevance and Curation: Content is selected and developed based on its relevance to community concerns. Categories such as community health, mitigation projects, research-to-action, communities, history, and environment provide a structured yet flexible framework for organizing information. The involvement of a multidisciplinary content committee ensures that each report is both accurate and meaningful.
5. Integration of Existing Resources: Rather than duplicating efforts, the forum curates and synthesizes existing reports, making them more accessible and easier to navigate. This approach maximizes efficiency while reducing information fragmentation.
6. Educational Framing: The structure and style of the reports reflect principles commonly used in education, including clear learning objectives, concise explanations, and logical organization. This reinforces the idea that effective health communication shares many characteristics with effective teaching.
7. Addressing Misinformation: By providing clear, credible, and accessible information, the forum serves as a countermeasure to medical misinformation (U.S. Surgeon General, 2021). While it cannot eliminate misinformation entirely, it offers an alternative source that is both trustworthy and user-friendly.

Taken together, these practices form a scalable model for community-centered health communication. While the specific details may vary depending on context, the underlying principles—accessibility, clarity, relevance, and collaboration—are broadly applicable.

CHAPTER EIGHT—Bridging The Gap Between Knowledge And Community

The challenges addressed in this thesis reflect a broader reality within modern healthcare: the generation of knowledge alone is not sufficient to improve health outcomes (Berkman et al., 2011). Equally important is the ability to communicate that knowledge in ways that are accessible, trustworthy, and actionable.

The Salton Sea Community Forum represents an effort to bridge this gap. Developed in response to community feedback, the forum prioritizes accessibility through standardized, readable, and multilingual content. Its multidisciplinary foundation enables a holistic approach to health communication, while its emphasis on community engagement reflects a shift away from traditional top-down models.

The project also highlights important structural considerations. The difficulties encountered with the IRB process underscore the need for more flexible approaches to ethical oversight in community-based work. At the same time, the comparison to the Flint, Michigan water crisis illustrates the consequences of inadequate communication and the importance of proactive strategies.

For healthcare providers, the implications are clear: effective communication is not ancillary to care, but central to it (Schillinger et al., 2003). By adopting principles such as clarity, metacognitive awareness, and patient engagement, providers can enhance their impact in an increasingly complex information environment.

More broadly, this work suggests that improving health outcomes requires a reorientation of priorities. Investments in communication infrastructure—whether through platforms like the Salton Sea Community Forum or through changes in clinical

practice—have the potential to yield significant benefits. In an era marked by both information abundance and misinformation, the ability to communicate effectively may be one of the most powerful tools available to the healthcare community.

Ultimately, the success of initiatives like the Salton Sea Community Forum lies not only in the information they provide, but in the relationships they foster. By centering the needs and experiences of the community, such efforts move closer to a model of healthcare that is not only evidence-based, but also equitable, inclusive, and responsive (Israel et al., 2013; Minkler & Wallerstein, 2011) (see Appendix E).

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#30867 - Salton Sea Forum website: assessment of community dissemination

Protocol Information

Submission Type	Review Type	Status	Time in Current Status
New	--	Revisions In Progress	Since October 25 – 7 months
Submission Number			
1			

Feedback

Revision Required Comment

Please address all requested action items.

NOTE: Only one change truly needed. Simply update the Risk section in Kuali. This will ensure your informed consent document and Risk response in Kuali are harmonized.

Project Basics

Study Title

Salton Sea Forum website: assessment of community dissemination

Will this study be led by a researcher who is NOT a [PI-eligible faculty member](#) (e.g., student, postdoc, trainee, visiting professor)?

No

Principal Investigator:

Lo, David

Lead Department:

(D01059) Biomedical Sciences Dept

The listed Principal Investigator is a PI-eligible UCR employee per [UCR Policy 527-3](#).

IMPORTANT: Lead researchers who do not have PI-eligibility must have a UCR Faculty Advisor / Sponsor listed as the PI.

Yes

SUBMISSION TYPE

IRB Human Subjects Review

General Information

LAY LANGUAGE SUMMARY OF THE PROPOSED ACTIVITY

In non-technical, lay language, describe the purpose of the project, specify the problems and/or hypotheses to be addressed (Specific Aims):

The Salton Sea Forum website (saltonseaforum.ucr.edu) was developed in response to community feedback after a series of community forum events held in collaboration with CARB in 2022, and, in its present form, it provides brief layperson-language reports in English and Spanish to address community concerns about health impacts at the Salton Sea, as well as provide up-to-date information on the research in progress on topics related to the Salton Sea and health. This proposal focuses on assessing the effectiveness of

[Read more](#)

Provide the scholarly rationale for this study and explain how it will contribute to existing knowledge.

Working model: Our working model is based on the principle that sustained community engagement, feedback mechanisms, and collaborative partnerships are essential for developing an accessible platform to disseminate research findings. The Salton Sea Forum website exemplifies this model, serving as a central hub for accessible information on research highlighting the health impacts of the Salton Sea. Through an on-going

partnership with community members, the Salton Sea Forum will be modified to reflect the feedback and needs of communities impacted by

[Read more](#)

LOCATION WHERE ACTIVITY(IES) WILL BE PERFORMED

Web-based

Provide a description of the location(s) including site name and location.

Focus groups will be done online using Zoom, and surveys will be online.

Is this a collaborative or multi-site study?

- Collaborative or cooperative studies involve investigators from two or more institutions working together to conduct a research project. Different research activities can occur at different sites or the study can be a single-site study that involves personnel from multiple institutions.
- Multi-site studies use the same research procedures outlined in a single protocol that is carried out at multiple institutions (e.g., a clinical trial where participants will be enrolled at each participating site, or an educational intervention implemented at each participating site).

No

Study Personnel / Funding

List all UCR affiliated personnel conducting the research and provide the requested information.

1. Click + [Add Line](#) to insert additional personnel.
2. Click the [Edit Pencil](#) to edit/update personnel info.
3. To Change the visibility of the columns, click [Columns](#) and select the columns to appear in the table.
4. Those listed here should include: Principal Investigator/Faculty Advisor, Co-Investigators, Lead Researcher and Personnel the IRB will need to review who are responsible for research teams and/or will manage research activities at participating sites.
5. If a non-study personnel will be an Administrative Contact, please add them to the study by navigating to the [Permissions](#) tab at the top of the form.

Please note: If personnel's current CITI human subjects training is not automatically populated in the table, they will need to log into CITI through UCR's Single Sign-On (SSO). Instructions can be found [here](#).

Person

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Home Unit

(D01059) Biomedical Sciences Dept

Institutional Title

Researcher Role

Principal Investigator/Faculty Advisor

Permissions

Full Access

Indicate all activities this researcher will be involved in:

Other

Please provide details of the other research activities this person will be involved in.
project planning, finance administration, data analysis, other logistics.

IRB Training

Social & Behavioral Research
09/09/25 - 09/09/28

Biomedical Research
07/16/23 - 07/16/26

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Institutional Title

Researcher Role

Research Personnel

Permissions

Full Access

Indicate all activities this researcher will be involved in:

Obtain consent and/or assent

Interact with participants (e.g., administer survey, interview)

Other

Please provide details of the other research activities this person will be involved in.
obtain contact information for recruitment to focus groups, and
distribution of gift cards

IRB Training

Social & Behavioral Research
06/23/25 - 06/23/28

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szida001@ucr.edu

Home Unit

(ORG40) School of Medicine

Institutional Title

Researcher Role

Research Personnel

Permissions

Full Access

Indicate all activities this researcher will be involved in:

Obtain consent and/or assent

Interact with participants (e.g., administer survey, interview)

Please provide details of the other research activities this person will be involved in.

IRB Training

Social & Behavioral Research
07/05/24 - 07/05/27

Biomedical Research
07/05/24 - 07/05/27

Non-UCR Personnel

Will the study team include any non-UCR affiliated personnel who will help conduct the

research at or under the direction of UCR, such as:

- Students who rotate through for short periods
- Volunteers
- Outside Contractors (e.g., evaluators, survey firm)

No

Conflict of Interest

To promote the objectivity of the research, all researchers are required to disclose their related disclosable financial interests per university requirements. See the [Promoting Research Objectivity \(PRO\) Committee webpage](#) for more information.

Please respond to the following:

Does any member of the project team with substantive responsibility for the design, conduct, or reporting of activities under the protocol, or any member of their immediate family (defined as spouse, dependent child, or registered domestic partner) have any of the following relationships with the non-UC entity financing the research to be done under the protocol or the non-UC entity supplying materials, drugs, or devices being tested under the protocol:

Positions of management (e.g., board member, scientific advisor, director, officer, partner, trustee, employee, consultant).

No

Rights to a pending patent application or issued patent to any invention(s), or license rights or copyright for software that has a direct relationship to the project proposed.

No

Equity interest (e.g., stock, stock options, investment, or other ownership).

No

As Principal Investigator, I confirm that the information provided is accurate and complete. I have discussed the requirement to disclose financial conflicts of interest with all members of the study team.

I confirm

Funding

Is this study funded?

No

Study Population

Indicate the projected number of participants expected to be enrolled (i.e. sign consent) or the projected number of existing records/data/biospecimens to be accessed/collected/received by UCR Study Team

110

Indicate whether any of the following populations will be specifically recruited:

Participants 18 years old or older

Non-English speaking individuals

Describe the population including all inclusion criteria:

People living in the Salton Sea general region, including the Coachella Valley

Please provide the justification for specifically recruiting the selected participant population/s into the study.

The study is intended to assess the impact and effectiveness of an information website providing short reports on health issues at the Salton Sea

Describe the additional safeguards that will be included in the study to protect the rights and welfare of the participants:

The survey is only about the participants views of the website, and personal experiences or health experiences are not studied, so survey and focus group participants will not be at personal risk.

Explain the method that will be used to conduct the consent process with participants who do not speak English (e.g., verbal consent or study information sheet in participant's language):

For focus groups, a consent form will be read to the participants, and verbal consent is required before the focus group is started. For online surveys a consent statement is provided at the start, and it explicitly states that continuing on to the survey is understood to be consent to participate

and permission for us to use the data from the survey. In both cases participants can withdraw at any time.

Non-English Speaking Individuals

Indicate the method that you use to conduct the consent process with participants who do not speak English.

The consent form and other study documents will be available in the participants' primary language.

Confirm that the following statements are true.

1. Study staff or qualified translators will discuss the study in the participants' language;
2. The study will maintain the ability to communicate with non-English speakers throughout their participation in the study; and
3. When conducting research for which there is a real or foreseeable risk of biomedical harm in the state of California, the investigator will provide the participants who do not read, speak, or understand English a copy of the Research Participants Bill of Rights in a language in which they are fluent.

I confirm that the preceding statements apply to the proposed research.

IMPORTANT: For research conducted in languages other than English, translated versions of the participant-facing research materials (e.g., informed consent, recruitment materials, measures, etc.) must be submitted for IRB review along with the [Certificate of Translation form](#).

Research Procedures

Indicate the procedures / characteristics involved in the study. Carefully review then select all that apply or "None of the Above."

Interview / Focus Groups

Survey / Questionnaire

Does the research involve the use of controlled substances, human stem cells, infectious agents, human gene transfer, rDNA, radiation-producing machines and/or radioactive material?. Carefully review then select all that apply or "None of the Above."

None of the Above

Study Timeline

Provide a detailed chronological description of the procedures. If the design involves multiple procedures/methods, different timepoints, etc., researchers may provide these details in a matrix or table uploaded as [Supporting Information](#).

The study has three phases. First is two small focus group discussions, one in English, and one in Spanish, each taking approximately one hour, and taking place over a period of two weeks. After the input is gathered and discussed internally, we will determine what revisions if any will be required for the website. These changes should take no more than a month. Following any revisions to the website in response to the focus group input, the second phase is

[Read more](#)

Interview/Focus Group

Please indicate how the interview/s or focus group/s will be conducted:

Virtually

Identify the platform, sites, and/or online mechanisms that will be used to conduct the interview/s or focus group/s:

Zoom

Provide details of the interview / focus group procedures including who will conduct the interviews, how long the session will last, how many sessions the participants will take part in, what kinds of questions will be asked. For focus groups, indicate how many participants will be included in each group.

The focus groups will be moderated by a researcher (trained student) guided in part by a script prepared in advance. The script is provided in the appendices. There will be two focus groups, one in English and a second one in Spanish (using a Spanish-speaking moderator) with non-overlapping participant groups. The questions guiding the focus group discussion will

leave time for discussion, but the expectation is that the session will take no more than an hour. We aim for six

[Read more](#)

For studies involving focus groups, please describe how participants will be informed of the limited confidentiality due to the focus group setting.

The consent form will indicate that the results will be held in confidence and that the results of the focus group will not be posted in any form. The only risk, explicitly stated in the oral consent, is that focus group participant identities may be known to the other members of the focus group, since the zoom session will be done with cameras on, though participants have the option to turn their camera off. Individuals will only be identified by

[Read more](#)

Survey

Please indicate how the survey will be administered:

Online

Identify the survey platform, sites, and/or online mechanisms that will be used to administer the survey:

The survey will be administered using Qualtrics.

Provide details of the survey procedures including how long it will take participants to complete the survey, are participants able to skip questions, what kinds of questions will be asked.

The survey is 22 questions and we expect that it will take no longer than 30 minutes to complete, likely less. The consent will explain that participants can skip questions or withdraw at any time, though gift card payment will only be made on full completion of the survey.

Participant Compensation / Costs

will participants be compensated for their participation?

Will participants be compensated for their participation?

Yes

Identify the type of compensation.

Select all that apply:

Gift cards

Please describe the total amount of compensation that participants may receive and the schedule of payments (e.g., after each study session/visit, at the end of the study).

Focus group participants will receive a \$50 gift card on completion of the focus group, and survey participants will receive a \$25 gift card on full completion of the survey.

Will participants personally incur any expenses as a result of participation (e.g., fuel, missed work)?

No

Screening/Recruitment

Does the research require that you conduct a preliminary assessment to determine eligibility?

No

Is this study limited to use of existing information/data/biospecimens, and will not involve any direct contact with research participants?

Yes

Informed Consent

Specify how informed consent will be obtained:

Verbal or Implied consent/parental permission will be obtained. Signed consent form WILL NOT be obtained. Request for waiver of documented (signed) consent.

Indicate the setting(s) in which the consent process will be conducted:

Via Internet

Describe the setting where consent will take place (or has taken place):

Online, either on Zoom for focus groups, or online before survey is initiated.

Informed Consent Confirmation:

Confirm that the research team will perform all of the following:

1. Provide the prospective participant(s) the informed consent document and as much time as needed to make a decision;
2. Ensure there is no threat of harm or adverse consequences to the prospective participant(s) if the decision is not to take part in the research;
3. Evaluate whether the prospective participant(s) is being coerced or unduly influenced by others to take part in the research, and if so, not enroll the prospective participant, even if the person agrees to be in the research;
4. Communicate in the preferred language of the prospective participant(s);
5. Adapt the presentation of the information to the person's capacities in terms of intelligence, rationality, maturity, and language;
6. Encourage and answer questions from the prospective participant(s);
7. Evaluate whether the prospective participant(s) understands the information being presented, and not enroll person(s) who does not understand, even if that person agrees to be in the research;
8. Ensure that no information provided is made to waive or appear to waive any of the prospective participant's legal rights, or releases or appears to release the investigator, the sponsor, the institution, or its agents from liability for negligence;
9. Communicate all the information in the consent document or script approved by the IRB; and
10. Not enroll a prospective participant(s) when the person providing informed consent is unwilling to listen to or consider the information, even if the person agrees to be in the research.

I confirm

Waiver of Signed Consent

Are you requesting a waiver of signed informed consent for some or all participants?

All Participants

Indicate the rationale for the waiver of signed informed consent.

The research is minimal risk and does not involve any procedures for which written consent is normally required outside the research setting (e.g., in

everyday life written consent is not needed for minimal risk surveys, non-invasive health measurements, etc.)

PLEASE NOTE: Although signed consent forms will not be obtained, the IRB requires that researchers submit a written statement containing information about the research and appropriate elements of informed consent that will be used to consent participants (e.g., written information sheet, oral consent script). Please upload a copy in the last section of the application (Supporting Information).

Withdrawal

Describe how participants will be informed of their right to withdraw from the study and outline the procedures that will be followed to allow them to exercise this right. Additionally, please state how data will be handled upon withdrawal requests.

The consent document explicitly informs prospective participants that they can withdraw at any time. Focus group participants can withdraw at any time but they will only receive the gift card on completion of the focus group. Any information provided at the focus group will be deleted from the record. Survey participants can withdraw at any time and their data will be deleted from the record. Survey participants will only receive a gift card on completion of all questions in the

[Read more](#)

Risks & Benefits

Does the research involve any physical, psychological, social, legal risks or any other foreseen risks, even if remote, to participants?

Yes

Please select the type of risk/s.

Psychological / emotional (e.g., feeling uncomfortable or upset)

Social (e.g., economic, loss of status or reputation)

Briefly describe the risk to the participants.

With these assumptions, there will be no situations where there is no

potential risk to living participants. The study will not involve any personal information, and will only ask about personal impressions or opinions. Thus, the potential for risk in the extreme is that there might be any limited psychological or social risks if individual identity is revealed during a focus group (e.g., if another participant becomes aware of a participant's identity), though it is not clear what the nature

[Read more](#)

Briefly describe the procedures that will be used to minimize the potential risks.

The only procedure that might be available to minimize psychological or social risk is to allow participants to withdraw at any time with no penalty, though at that point any potential hazard associated with identity being revealed has already occurred.

Describe the potential societal benefits of the proposed research (e.g., knowledge to be gained):

The study will help us determine the effectiveness of our community outreach and education website, so the results of this assessment study will help us in communicating health and Salton Sea information to communities.

Privacy & Confidentiality

Indicate the measures that will be taken to protect the privacy of participants. Privacy is about people. Privacy refers to how much control a participant/subject has over the extent, timing, and circumstances of sharing oneself with others.

Private information collected will be limited to that necessary to conduct the research.

Will any personally identifiable information (e.g., name, DOB, video/audio recordings, etc.) about the participant be collected as part of the research?

No

Will Protected Health Information (PHI) identifiers be collected or received?

All forms of health information that are associated with any of the [18 identifiers](#) specifically

defined by HIPAA and are maintained by a covered entity, are considered to be PHI subject to HIPAA regulations.

Covered entities are defined in the HIPAA rules as (1) health plans, (2) health care clearinghouses, and (3) health care providers who electronically transmit any health information in connection with transactions for which HHS has adopted standards.

No

Indicate the measures that will be taken to help maintain confidentiality of data, records, and/or biospecimens. Confidentiality refers to the researcher's plan to handle, manage, and disseminate data/records/biospecimens.

Identifiers will not be collected or received

Indicate how long data will be stored.

Data will be stored for three years

Will data and/or biospecimens be made available for use for others (e.g., the larger research community, institutions), for example, via an established repository?

No

Will identifiable information transmitted over the internet be encrypted?

Not Applicable - Identifiable information will not be transmitted over the internet

Supporting Information

Upload the following documents, as applicable

- Protocol (i.e., UCR Research Protocol or Sponsor Master Protocol)
- Consent/Assent Forms
- All assessments (i.e., surveys, questionnaires)
- Intervention materials
- List of data variables
- Site-Specific Recruitment Materials

Supporting Document

[ori-certificate_of_translation-signed_1.pdf](#)

Attachment Type

Other

Name/Version

Certification of translation

Supporting Document

[\[REVISED\] SSF focus group consent form \(english\).docx \(1\).pdf](#)

Attachment Type

Informed Consent / Parental Permission

Name/Version

Supporting Document

[\[REVISED\] SSF focus group consent form \(spanish\).docx \(1\).pdf](#)

Attachment Type

Informed Consent / Parental Permission

Name/Version

Supporting Document

[\[REVISED\] SSF survey consent form \(english\).docx.pdf](#)

Attachment Type

Informed Consent / Parental Permission

Name/Version

Supporting Document

[\[REVISED\] SSF survey consent form \(spanish\).docx.pdf](#)

Attachment Type

Informed Consent / Parental Permission

Name/Version

Supporting Document

[\[REVISED\] SSF focus group script \(english\).pdf](#)

Attachment Type

Interview/Focus Group Questions

Name/Version

Supporting Document

[\[REVISED\] SSF focus group script \(spanish\).pdf](#)

Attachment Type

Interview/Focus Group Questions

Name/Version

Supporting Document

[SSF focus group recruitment-2.pdf](#)

Attachment Type

Recruitment Materials

Name/Version

Supporting Document

[SSF survey recruitment.pdf](#)

Attachment Type

Recruitment Materials

Name/Version

Supporting Document

[SSF survey questions \(english\).docx](#)

Attachment Type

Data Collection Instruments (e.g., survey, questionnaire)

Name/Version

Supporting Document

[SSFSurvey_SPAN-2.pdf](#)

Attachment Type

Data Collection Instruments (e.g., survey, questionnaire)

Name/Version

Added Information - Optional

Include any additional information that you want to communicate about the study.

Assurance/Acknowledgement

By submitting this IRB protocol as Principal Investigator,

- I certify that the information provided in this application is complete and correct.
- I confirm that this study has been designed to protect human participants.
- I accept ultimate responsibility for the conduct of this study, the ethical performance of the project, and the protection of the rights and welfare of the human participants who are directly and indirectly involved in this project.
- I will comply with all policies and guidelines of UCR and affiliated institutions where this study will be conducted, as well as with all applicable federal, state and local laws regarding the protection of human subjects in research.
- I will ensure that all personnel performing this study are qualified, appropriately trained and will adhere to the provisions of the IRB approved protocol.
- I will not modify the UCR IRB-approved protocol or any attached materials without first obtaining UCR IRB approval for an amendment to the previously approved protocol.
- I will provide all continuing review documentation to the IRB.
- I further confirm that I am not in violation of UCR's conflict of interest policy while participating in this research.

I attest to the above statements.

Administrative Details Form

Determinations	
Study Status	Reliance Status
Risk Level	Applicable Regulations
45 CFR Categories	Special Participant Populations
Informed Consent Process	HIPAA Authorization
Comments	

APPENDIX B—SSF focus group script

Introduction of facilitator/moderator and note taker: Welcome, and thank you for joining us today. My name is Saja, and I am joined by my colleague William. This focus group is being carried out for Dr. David Lo's lab at the UC Riverside School of Medicine Division of Biomedical Sciences. We both attend UC Riverside. I am a medical student, and William is a Master's student in biomedical sciences. Our lab is developing a website to bring together important information and resources about the Salton Sea in one place. Local residents shared the need for this kind of site during community meetings hosted by UC Riverside and the California Air Resources Board.

I will be leading today's discussion. My most important role is to ask questions, keep to the timeframe, and ensure that you all have the chance to share your knowledge and expertise. My colleague, William, will help me with managing the discussion and taking notes. In addition, we will be audio recording the session to ensure that we don't miss any of your answers. The discussion session today will take about an hour to an hour and a half.

Confidentiality: Our discussion will be recorded on Zoom. You can turn off your camera during the session.

[Coordinator: Instruct participants how to turn their cameras on or off.]

We'll take notes during today's discussion to help us design future surveys. These notes and any recordings will be kept confidential, stored securely, and deleted when the study ends. To help protect everyone's privacy, please don't record or take screenshots.

Everything you share today is private. We'll only use your name and email to send your gift card—they won't appear in any reports. Instead, we'll use general terms like "a parent from Coachella." Your personal info will be stored separately and deleted after the gift cards are sent. While we take steps to protect your privacy, we can't promise complete anonymity.

We also ask that everyone respect each other's privacy. It's okay to talk about the discussion, but please don't share who said what.

Consent form: Before we begin the discussion, I would like you to review the consent form, whose link I have entered into the chat. The consent form will be our record that you agreed to participate in the focus group, you agree to the recording, and you understand that we will keep information confidential.

[Coordinator: Instruct participants how to use the chat.]

Are there any questions about the consent form?

When I call your name, please respond with either: *'I consent'* or *'I do not consent.'*

If you do not consent, please exit the Zoom meeting by clicking *'Leave Meeting.'*

[Coordinator: Ensure all members verbally consent.]

Reimbursement/incentive: You will receive a \$50.00 Visa card for your participation. If you begin this research and then choose to withdraw (which you can do at any point during our sessions with no penalty to you, and no effect on your academic standing, record, or relationship with UC Riverside), you will not be provided the compensation.

Focus group guidelines: Let me begin our discussion by reviewing a few things about the focus group. We will be focusing on some specific topics. We are interested in what everyone has to say about them. If someone throws out an idea that you want to expand on, or if you have a different point of view, please raise your virtual hand, wait to be recognized by the moderator, and unmute yourself.

[Coordinator: Instruct participants how to raise their virtual hand and unmute themselves in Zoom.]

We'll follow a few simple guidelines today.

- We want everyone to share their opinions—there are no right or wrong answers. We're not here to solve problems or reach agreements, just to understand your views.
- Feel free to agree or disagree with others, but please be respectful.
- Please mute yourself when you're not speaking.
- Sometimes we'll go around the group to hear from everyone—you can always “pass” if you don't want to answer.

- Since we're recording the session, please speak clearly so we can hear you.

Do you have any questions so far?

Focus group discussion: Now, let's begin our discussion. We will start recording the session.

[Note taker: Note start time and number of participants.]

1. Please introduce yourself and tell us a bit about your connection to or interest in the Salton Sea.
2. When you visit a site like this, what do you hope to find or learn?
3. What would you find most useful or important to include on a website about the Salton Sea?
4. Are there any topics or issues you think should be highlighted or prioritized?
5. What kinds of tools, resources, or features would make the site helpful to you or your community?
6. What formats (like stories, maps, videos, or data) do you find most helpful or engaging?
7. What would make the site feel welcoming and relevant to you personally?
8. How would you like to see your community or lived experiences reflected on the site?
9. What would make the site easy—or hard—for you or someone you know to use?
10. How would you know if the information on the site is trustworthy?
11. Is there anything you've seen on other websites that you wish this one could offer?

Closing remarks: Thank you very much for participating in this focus group. The information you have provided has been very helpful. It will be used to help our lab make informed decisions about ways to improve our website.

Are there any questions that I can answer before we end the session?

Thank you again for your help. We really appreciate your time and your knowledge.

You will receive your gift card by email shortly.

APPENDIX C—SSF survey questions

Section I: This section focuses on the website’s design. For questions 1–4, please indicate how much you agree or disagree with each statement. For question 5, please select one answer.

1. The website looks appealing.

- ☐ Strongly disagree
- ☐ Disagree
- ☐ Agree
- ☐ Strongly agree

2. The information on the website is organized.

- ☐ Strongly disagree
- ☐ Disagree
- ☐ Agree
- ☐ Strongly agree

3. The text on the website is readable.

- ☐ Strongly disagree
- ☐ Disagree
- ☐ Agree
- ☐ Strongly agree

4. The website displays properly on my device.

- ☐ Strongly disagree
- ☐ Disagree
- ☐ Agree
- ☐ Strongly agree

5. What kind of device are you using to view the website?

- ☐ Computer (desktop or laptop)
- ☐ Mobile device (smartphone, tablet, e-reader, etc.)
- ☐ Other (please specify): _____

Section II: This section focuses on the website's contents. Please indicate how much you agree or disagree with each statement.

6. The content flows consistently throughout the website.

- ☐ Strongly disagree
- ☐ Disagree
- ☐ Agree
- ☐ Strongly agree

7. The content on the website is relevant to me.

- ☐ Strongly disagree
- ☐ Disagree
- ☐ Agree
- ☐ Strongly agree

8. Sources of information are provided where appropriate.

- ☐ Strongly disagree
- ☐ Disagree
- ☐ Agree
- ☐ Strongly agree

9. The content is up to date.

- ☐ Strongly disagree
- ☐ Disagree
- ☐ Agree
- ☐ Strongly agree

10. The multimedia on the website (videos, images, interactive maps, PDFs, etc.) are related to the website's contents.

- ☐ Strongly disagree
- ☐ Disagree
- ☐ Agree
- ☐ Strongly agree

Section III: This section focuses on how the website functions for you. Please indicate how much you agree or disagree with each statement.

11. It is clear how to use each page on the website.

- ☐ Strongly disagree
- ☐ Disagree
- ☐ Agree
- ☐ Strongly agree

12. The website loads quickly.

- ☐ Strongly disagree
- ☐ Disagree
- ☐ Agree
- ☐ Strongly agree

13. It is easy to find information on the website.

- ☐ Strongly disagree
- ☐ Disagree
- ☐ Agree
- ☐ Strongly agree

14. If I have a question, I can get support on the website.

- ☐ Strongly disagree
- ☐ Disagree
- ☐ Agree
- ☐ Strongly agree

Section IV: This section focuses on how the website will impact your actions. Please indicate how much you agree or disagree with each prompt.

15. Before viewing the site, I was aware of the major health priorities in my community.

- ☐ Strongly disagree
- ☐ Disagree
- ☐ Agree
- ☐ Strongly agree

16. After visiting the website, I am more aware of the major health priorities in my community.

- ☐ Strongly disagree
- ☐ Disagree
- ☐ Agree
- ☐ Strongly agree

17. Before visiting the website, I was aware of the Salton Sea Management Program (SSMP).

- ☐ Strongly disagree
- ☐ Disagree
- ☐ Agree
- ☐ Strongly agree

18. After visiting the website, I am more aware about the Salton Sea Management Program (SSMP).

- ☐ Strongly disagree
- ☐ Disagree
- ☐ Agree
- ☐ Strongly agree

19. Before visiting the website, I was confident in taking action on community issues.

- ☐ Strongly disagree
- ☐ Disagree
- ☐ Agree
- ☐ Strongly agree

20. After visiting the website, I am likely to share it with others.

- ☐ Strongly disagree
- ☐ Disagree
- ☐ Agree
- ☐ Strongly agree

21. After visiting this website, I am likely to participate in community volunteer activities?

- ☐ Strongly disagree
- ☐ Disagree
- ☐ Agree
- ☐ Strongly agree

22. After visiting this website, I am likely to contact a local official?

- ☐ Strongly disagree
- ☐ Disagree
- ☐ Agree
- ☐ Strongly agree

Section V: This section gives you an opportunity to share any additional feedback about the website.

23. You may provide any additional information about the website here.

APPENDIX D—SSF report style guide

As you begin to draft your report, please review the following guidelines.



Author Information

Include your name and affiliation (as you would like it displayed in the final draft) at the top of your rough draft.



Structure

Your report should include the following sections in order.

1. Abstract (i.e., a concise summary of the whole report, highlighting key points)
2. Introduction (i.e., sets the scene, provides background, and outlines the purpose and structure of the report)
3. Subheadings of your Choice *[Effective subheadings are compelling and clearly state the benefit or purpose of the content (e.g., “5 Proven Ways to Boost Your Productivity Today” rather than “How to Be Productive”).]*
4. For More Information (i.e., links to related resources)
5. References



Clarity and Conciseness

- **Be direct.** State the main point clearly upfront (e.g., “We will deliver by Friday” instead of “The project will be completed in a timely manner, and we aim to have it delivered by Friday.”).
- **Use simple, straightforward language.** Choose easy-to-understand words (e.g., “Use” instead of “utilize.”).
- **Use active voice.** Make sentences direct and engaging (e.g., “The team finished the report” instead of “The report was finished by the team.”).
- **Keep it brief.** Focus on essential information, avoiding unnecessary details (e.g., “We completed the task” instead of “The task was successfully completed by our team on Friday afternoon.”).



Targeted Writing

- **Eliminate redundancies.** Avoid repetitive phrases (e.g., “The reason is because” → “The reason.”).
- **Consider the word count.** For succinctness, aim for around 600 words. Concise and clear writing can ensure this. You can use [Word Counter](#) to track your word count.
- **Write with a consistent tone.** The tone of your report should be objective, clear, and professional. Humor and colloquialisms should be avoided.
- **Write to our intended audience.** Our reports are designed to inform community members affected by the Salton Sea's environment. As such, please ensure that your report is written at no higher than an eighth grade reading level (i.e., the average national reading level). You can check the reading level of your report using the [Readability Scoring System](#). *[While you should ensure complex scientific concepts are simplified, avoid oversimplification that could mislead or omit important information.]*
- **Convey science effectively.** In crafting your report, we invite you to consider various science communication models to effectively convey the information. Please refer to https://doi.org/10.1007/978-1-4020-8598-7_7 for guidance.



Polishing

- **Edit for flow.** Ensure the content flows logically from one idea to the next. Use transition words (e.g., "Furthermore," "As a result," "For example," etc.) to guide the reader through your points. You can consult Grammarly's [Transition Words and Phrases Examples](#) for additional guidance.
- **Integrate APA citations.** Please remember to include in-text citations and the corresponding references in [APA 7](#) at the end of your report. *[These citations and references do not count toward your word count.]*
- **Review for errors.** Always proofread your work for spelling, grammar, and typographical errors before sending. Use [Grammarly](#) (the unpaid version is sufficient) to catch mistakes.



Illustrations

- **Add illustrations.** We strive to maximize the appeal of our reports by embedding illustrations. *[To best serve our intended audiences, we do not include data figures or similar technical illustrations.]* We highly encourage you to provide (an) illustration(s) of your own. Or you can describe (an) illustration(s) our team can develop.

After your initial draft, you may need to revise it based on our feedback before it's posted on the forum.

For questions, contact editor William Hora at whora001@ucr.edu.

APPENDIX E—SSF Postcard

Front of SSF Postcard.



Back of SSF Postcard.



*Connecting knowledge.
Empowering action.*

ABOUT THE FORUM

The Salton Sea Forum was created to give nearby communities one central place to find information and resources about the Salton Sea. Community members shared this need during local forums hosted by UC Riverside's Center for Health Disparities Research and the California Air Resources Board.



SALTONSEAFORUM.UCR.EDU

