This document represents findings from a scan of the literature related to best practices in health communication science activities by health departments. It is not meant to be an exhaustive search and if there are other resources on this topic of which you think PHAB should be aware, please contact Jessica Kronstadt at jkronstadt@phaboard.org.

Health communication science is a multidisciplinary public health practice that leverages marketing and communication principles as well as strategies centered in science to promote health and prevention through interventions and communication campaigns. Health communication science is more important now than ever during the COVID-19 pandemic when state, local, Tribal, and territorial health departments, the Centers of Disease of Control and Prevention (CDC), the World Health Organization (WHO) and other health and non-health entities are using communications to relay information about preventing the transmission of COVID-19. As such, health communication science continues to be an integral part of emergency preparedness.

Current State

The reach of health communication science has grown since 2010 due to the increased use of digital technology and social media platforms. This growth has resulted in more local health departments (LHDs) using platforms such as Facebook and Twitter as a form of communication. According to the National Association of County and City Health Officials (NACCHO), in 2019, 86% of LHDs use print media, 83% Facebook, 82% the LHDs' website, and 80% email. When it comes to emergency response, 53% of LHDs use their respective Health Alert Network which includes “automated phone calling, and a hotline or call center for emergency communications.” Larger LHDs are more likely to use social media communication channels and a call center than smaller LHDs.
Health Promotion

*Health Promotion* is “a set of intervention strategies that seek to eliminate or reduce exposures to harmful factors by modifying human behaviors. Any combination of health education and related organizational, political, and economic interventions designed to facilitate behavioral and environmental adaptations that will improve or protect health. This process enables individuals and communities to control and improve their own health. Health promotion approaches provide opportunities for people to identify problems, develop solutions, and work in partnerships that build on existing skills and strengths. Health promotion consists of planned combinations of educational, political, regulatory, and organizational supports for actions and conditions of living conducive to the health of individuals, groups, or communities. Health promotion activities are any combination of education and organizational, economic, and environmental support aimed at the stimulation of healthy behavior in individuals, groups, or communities.”

Health promotion is the process of enabling people to increase control over, and to improve their health. It moves beyond a focus on individual behaviors toward a wide range of social and environmental interventions. Health promotion approaches engage people and organizations in the transformation process, and their engagement in the process constitutes in itself a desired change.

Health departments can promote health within the areas they serve by utilizing networks of community stakeholders. One study notes that health promoters can leverage the strong influence of salient stakeholders to develop impactful campaigns.

One group of stakeholders is local newspapers that have health journalists or can work with the local health department to ensure tailored news releases are published. This strategy can be particularly impactful for small and midsize newspapers serving rural areas with underserved populations. However, the likelihood of success depends on the frequency of contact between the LHDs and the respective stakeholder. These networks can mobilize the community by following CDC and ASTHO’s 10 step approach for health communications.

LHDs can also partner with community and faith-based organizations (CFBOs) that serve specific populations to obtain a wider reach in their jurisdictions. These partnerships can shed light on their jurisdictions’ cultural, social and health beliefs and can in turn inform LHDs on the information needs and appropriate messaging strategy for the respective groups.

A third group LHDs utilize are healthcare providers (HCP), who serve as frontline responders and are “preferred communicators of health information to the public.” LHDs can directly disseminate information to HCPs through modes such as email, fax, and text messaging. These communication channels are particularly effective for increasing HCPs’ awareness of public health alerts and technical guidance during a public health emergency.

Although communication between LHDs and HCP must be frequent, LHDs must ensure HCPs are not inundated with correspondence especially during a pandemic when alert fatigue can make it challenging for health promotion. Findings from one study recommend that LHDs make interactions with HCPs easier by “capitaliz[ing] on physician interest, engag[ing]
physicians early.” One way to do this is by working with associations which can allow LHDs to reach a broader audience of HCPs and work with designated liaisons to streamline communication. Partnerships with associations can encourage collaboration to develop appropriate protocols and channels for communication. It is also important to vet these systems prior to public health emergencies.

As identified in lessons learned from the Ebola response, dissemination of the emergency response plan must include health communications to ensure the intervention approach is not overlooked.

Health Education

*Health Education* is any combination of learning opportunities designed to facilitate voluntary adaptations of behavior (in individuals, groups, or communities) conducive to good health.

One way health education is being taught in universities is through the transdisciplinary problem-solving approach. This approach illustrates to public health students how popular media tools and techniques can be used to enhance health information delivery and intervention design. Such courses provide a theoretical framework and also present students with the opportunity to work with local agencies within their community to design multi-level interventions (individual, organization and policy levels) pertaining to a specific health problem.

The evidence-based approach centers around students conducting an audience analysis, social marketing and developing a community strategy that ensures the target audience is receiving clear, appropriate communication. CDC’s Clear Communication Index provides guidance on developing these materials.

Branding

*Branding* is the marketing practice of creating a name, symbol or design that identifies and differentiates a product from other products.

Branding can serve to “differentiate LHDs’ role[s] and function within the community from other health related organizations and providers.” It is also key in “establishing expertise” of the health department and employees, essentially to reassure the public the sources are trusted.

According to NACCHO, a “strong brand should raise an agency’s visibility in the community and increase its perceived value to the public, policymakers, funders, and other key stakeholders.” Additionally, strong branding will aid in fighting misinformation as branding will convey expertise through disseminating evidence-based information. NACCHO recommends implementing brand strategies that can utilize existing funds employee education and engagement.

Messaging and Social Media
Employees can help frame public health messages in a way that avoids jargon and enables populations to access information more easily. Health Departments can utilize the PHRASES (Public Health Reaching Across Sectors) project’s evidence-based toolkits to develop more impactful messages that also encourage and allow for cross-sectoral collaboration among community partners working outside of the health sector.\textsuperscript{18}

This can also generate trust and facilitate network building enabling, increased partnership and participation in health promotion.\textsuperscript{16,17,18,19,20} Additionally, as health consumers continue to socially distance in the time of a pandemic, it is increasingly important that LHDs use health promotion to “create a credible preparedness community online which encourages community partnerships.”\textsuperscript{21}

As such, health departments need to align their goals and objectives with their method in social media engagement (low engagement, medium engagement, high engagement).\textsuperscript{16} High engagement through LinkedIn and Twitter communities can enable idea sharing, discussions, and forming strategic relationships.\textsuperscript{16} Alignment will also allow for an understanding of the process for information dissemination and improved delivery via cost-effective, high-impact channels.\textsuperscript{8} Certain information can be best for one-way engagement (low engagement) as a first step to higher engagement or it could be best to have as low engagement.\textsuperscript{21}

**Definitions.** The definitions are derived from PHAB’s current glossary. Potential revisions of these areas can be found from the summary of the Communications Science Expert Panel.

> Meaza Belachew compiled this scan as part of an internship for PHAB.


\textsuperscript{1} National Association of County & City Health Officials. 2019 National Profile of Local Health Departments; 2019:146. https://www.naccho.org/uploads/downloadable-resources/Programs/Public-Health-Infrastructure/NACCHO_2019_Profile_final.pdf

\textsuperscript{3} Turnock BJ. Public health: what it is and how it works. 4th ed. Jones and Bartlett Publishers; 2009.


