

VERSION 2.0 WORK IN PROGRESS: Communication Science Expert Panel Summary

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The Public Health Accreditation Board is a 501(c)3 nonprofit organization dedicated to improving and protecting the health of the public by advancing and transforming the quality and performance of governmental public health agencies in the U.S. and abroad.



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The Public Health Accreditation Board (PHAB) held a Communication Science Expert Panel on March 25, 2020. Given the issues associated with COVID-19, PHAB conducted this expert panel session virtually. The purposes of the expert panel were to review the current health department accreditation standards and measures related to communication science, which includes health promotion, health education, communications, and branding; to discuss any pertinent changes in public health practice related to communication science programs, interventions, and strategies and/or support for health departments work in this area; and, to recommend potential revisions in the accreditation standards and measures as PHAB prepares updates for its accreditation standards and measures for Version 2.0.

Expert Panel Summary

Participants on this expert panel were representatives from various sectors of the communications and health education industry. This document contains summary recommendations and overarching comments for Version 2.0 of initial accreditation and reaccreditation

PHAB had planned to provide these recommendations in a webinar before they were finalized for state and local health department input. However, the intensity of the work of state and local health departments precluded PHAB from being able to hold a webinar at a time when a substantial number of participants were available. As an alternative, from September 24, 2020 to October 24, 2020, PHAB opened a survey to members of the National Health Information Coalition (NPHIC) and the Society for Public Health Education (SOPHE). Responses to that survey have been considered in the recommendations described in this document.

Discussion items during the day included perspectives on health education by Elaine Auld, Executive Director, Society for Public Health Education (SOPHE); and on public health communications by Robert Jennings, Executive Director, National Public Health Information Coalition (NPHIC) and two NPHIC members, Christin D'Ovidio and Emily Greshem Wherle.

Participants also received advice from two public health communications firms that work with public health agencies around the country: Chuck Alexander, Principal and Managing Director (US) from Burness Communications and Jennifer Chu, Vice President from McCabe Message Partners. Dr. Rex Archer, Health Officer from the Kansas City Health Department, also provided comments from his perspective about health department branding and communication strategies, especially in light of COVID-19.

Overarching Recommendations for Proposed Changes to the PHAB Standards and Measures

Several pertinent areas were discussed that do not relate to a specific standard or measure. Those are included in the list below:

- Communications is both a science and an art.
- Because public health communication is often meant to use knowledge to disseminate information and spur action, evaluating the impact of those communications efforts is important.
- SOPHE has individual competencies related to health education and communication that align nicely with PHAB's measures for health departments. PHAB should use those as a reference for updating language. Being intentional when crafting communications and education is one example.
- A recommendation was made that PHAB, NPHIC, and SOPHE could partner to showcase best practices in communication science (health education, health promotion, routine communications/branding, and risk communications). Doing this would assist health departments in developing their own strategies.
- Certification in public health communications might be a workforce development strategy that health departments could consider and include in their PHAB documentation, as appropriate.
- For initial accreditation, basic communications capacity includes clear, transparent, action-oriented communication that is both culturally and linguistically competent. Key principles of meaningful communications engagement include credibility and professionalism; a caring and friendly tone; cultural and linguistic competence and use of the facts. For reaccreditation, consider also that any web-based information should comply with Section 508 - the statute that requires federal agencies to make their electronic and information technology (EIT) accessible to people with disabilities. The statute was revised with the requirement that by January 2018, all federal agencies and contractors must comply with WCAG 2.0 A/AA.
- Throughout the standards and measures where appropriate, update the language from "target population" to "priority population(s)" or other newer language.
- The importance of dialogue with priority population was stressed. Understanding the "lived experiences" of the population is required. It is important for health department staff to be out, in the community, attending community meetings and meeting with residents. This is an intentional process where health department staff listen first; come to understand community needs from the perspective of the people with that lived experience; and then collaboratively develop effective, impactful health education and other communications.
- Health education materials should have some basis in education/communication theory.
- Often, health departments are provided with materials by grantors to use as a part of a grant. The health department should test the material with their populations, make revisions, and provide feedback to the grantor.
- The role of a Public Information Officer (CIO) (or other staff with the responsibility to work with the media) and their relationships with the media should be proactive and ongoing. The media should be viewed by the health department as an ally, not the enemy. The CIO should develop personal relationships with reporters. And the media and reporters need to be familiar with the health department and its roles.
- A good rule of thumb in public communications is "if you are not the expert in an area, partner with someone who is."
- Post the COVID-19 pandemic, there might be a unique window of opportunity to rebrand public health's image and improve its overall communications based on lessons learned. Branding is not a top-down approach; rather, community members should be involved in any attempts or plans to redefine a health department's brand and value, as perceived by the community.

Recommendations for Proposed Changes to the PHAB Standards and Measures

Domain 1

Measure 1.1.3 – PHAB should add a requirement that ensures that the health department measures the extent to which the community health assessment (CHA) is accessed by the public; posting it on the website is good but doesn't guarantee that the public has seen it. And/or, additional efforts should be made to ensure that the community is aware of the (CHA) and that people with lived experience actively participate in CHA activities.

Domain 3

Measure 3.1.1 – The health department should consider preparing materials that reach all of the department's populations. This include communities of color, disabled, and immigrant populations in culturally appropriate ways. The documentation doesn't have to be printed materials; it might be digital media (all the social media platforms the health department uses to communicate with its various populations in the community, etc.). Part of cultural competence is using the right mechanism to reach key audiences (e.g., methods like Photovoice). Also, somewhere in this measure a requirement should be added to periodically assess how well the communication strategies are working and make adjustments accordingly. The latter could also be a quality improvement example in Domain 9. Required Documentation 2 should be expanded to explain that the priority population needs to be consulted prior to the development of materials and messages, not just after-the-fact through evaluations.

Measure 3.1.2 – PHAB needs to add newer digital/social media to this measure as well. Equity should also be a component of selecting health promotion strategies, recognizing that it might be difficult to measure. For Required Documentation 3, the health department may have an ongoing community group of persons with lived experience that gives them feedback on multiple types of strategies. This is especially important for health departments that serve smaller jurisdictions. As with Required Documentation 2 for Measure 3.1.1, the requirement needs to be clear that this is not about program evaluation. PHAB should consider requiring some kind of feedback that a community representative(s) ultimately validate that the engagement was meaningful and effective.

Measure 3.2.1 – PHAB could help advance the field by being clear and intentional in this section about the difference between advocacy and media communications and lobbying.

Measure 3.2.2 – This was a good start and may be fine for initial accreditation, but PHAB could raise the bar for reaccreditation. Additional areas could be assessment of the impact of branding strategies and making just-in-time changes accordingly. The latter would be especially applicable to reaccreditation. Documentation could be the use of the CLAS standards (Cultural and Linguistically Appropriate Services-CLAS).

Measure 3.2.3 – Required Documentation 3; maintaining a contact list of the media might not be appropriate given the ongoing turnover among the media. Having documentation of regular proactive media contacts would be more appropriate; health department would have to have the contact information in order to accomplish the contacts themselves. This measure should also include the departments' work with social media. PHAB standards and measures should also convey flexibility in the requirements for the designated Public Information Officer (PIO); in smaller health departments, that might be the health officer or deputy, or a shared position.

Measure 3.2.5 - PHAB should expand this whole area to reflect social media and more updated modes of communications.

Domain 6

Measure 6.3.5 is an important element of the health department's communication with the public. The public needs to know that the health department is doing this work to protect the population's health.

Domain 10

Measure 10.2.3 – This measure needs to be reworded; it does not currently communicate its intent. Clarify how to document the evidence when something is shared over social media (where simply a link is provided, for example) and/or how to craft messages that address inaccurate social media “news” about public health issues.

Recommendations Regarding Terminology and Definitions

Current Terms in PHAB Glossary	Existing Definition	Proposed Definition/ Recommendation/Notes
Branding	Branding is the marketing practice of creating a name, symbol or design that identifies and differentiates a product from other products (http://www.entrepreneur.com/encyclopedia/branding)	<p>Some participants noted that branding is actually defined as follows: “A brand is defined as a name, term, sign symbol (or a combination of these) that identifies the maker or seller of the product”. Kotler (2017), which leads to how someone actually feels about the brand.</p> <p>What PHAB may be asking for identity work by the health department. There was not consensus on this.</p> <p>A better definition and language might refer to organizational branding.</p> <p>Organizational branding is essentially what the organization communicates as its identity to the public. It will include a logo, a website and/or a social media presence, but it also encompasses an organization’s mission, values and culture.</p> <p>https://www.shrm.org/resourcesandtools/tools-and-samples/hr-qa/pages/cms_023007.aspx</p>
Communication	Communication is defined as a process by which information is exchanged between individuals through a common system of symbols, signs, or behavior. (www.merriam-webster.com/dictionary/communication)	Use the same definition
Communication Strategies	Communications strategies are statements or plans that describe a situation, audience, behavioral change objectives, strategic approach, key message points, media of communication, management and evaluation. Health departments may develop communications strategies to address a variety of situation for health	Use same definition

	communications, emergency response, or health education. (Adapted from O'Sullivan, GA; Yonkler, JA; Morgan, W; and Merritt, AP. A Field Guide to Designing a Communications Strategy. Johns Hopkins Bloomberg School of Public Health Center for Communications Programs. Baltimore, MD. March 2003)	
Digital Media	Digital media is digitized content (text, graphics, audio, and video) that can be transmitted over the Internet or computer networks. (http://www.businessdictionary.com/definition/digital-media.html)	Use the same definition
Health Communication	Health communication is informing, influencing, and motivating individual, institutional, and public audiences about important health or public health issues. Health communication includes disease prevention, health promotion, health care policy, and the business of health care, as well as enhancement of the quality of life and health of individuals within a community. Health communication deals with how information is perceived, combined, and used to make decisions. (Riegelman. Public Health 101. Jones and Bartlett, 2010)	Use the same definition
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. (Turnock, B.J. Public Health: What It Is and How It Works. 4th ed. Sudbury, MA: Jones and Bartlett; 2009.)	Health education is a social science that draws from the biological, environmental, psychological, physical and medical sciences to promote health and prevent disease, disability and premature death through education-driven voluntary behavior change activities. https://www.google.com/search?source=hp&ei=nrO6XsjAE8irtQaP0o3IDw&q=Health+education+definition&og=Health+education+definition&gs_lcp=CgZwc3ktYWIQAzICCAAyAggAMgllADICCAyAggAMgllADICCAyAggAMgllAFDhKljtUWCyVGgAcAB4AIABzwilAbMrkgEFNi00LjKYAQCgAQGqAQdnd3Mtd2l6&sclient=psy-ab&ved=0ahUKEwjlh4q6xa7pAhXIVc0KHQ9pA_kQ4dUDCAw&uact=5#spf=1589293957830
Health Literacy		"the degree to which individuals have the capacity to obtain, process, and understand basic

		<p>health information and services needed to make appropriate health decisions." – IOM Report, Health Literacy: A Prescription to End Confusion, 2004.</p> <p>For additional discussion:</p> <p>1) excerpt from a 2016 paper from the National Academy of Medicine, which highlights that most definitions "focus on defining health literacy as an individual skill or ability. Recognition has been growing, however, that health literacy is not solely an individual characteristic. Another challenge we are selectively choosing to highlight is that the majority of existing definitions specify, or, worse yet, do not specify, the outcomes of health literacy. Common adjectives of the outcomes include "appropriate," "function," "essential," "basic," and "sound." These are all value judgments, not objective indicators of health or health literacy. The final challenge we are choosing to discuss is the distinction between understanding and acting. Decades upon decades of research in a wide variety of fields clearly indicates the presence of a significant gap between what people "know" and what people "do." In our view, health literacy definitions should explicitly consider some notion of using or applying information.</p> <p>2) This excellent piece on Health Communication Partners' website, which points out a lot of great things, including the fact that plain language is a low bar: "Imagine the positive impact that could develop if the entire industry that has sprung up around rewriting documents using 'plain language' began to set the evaluation bar at actual use and effects of the information, versus simply lowering the complexity of grammar and word length."</p>
	<p>Health promotion is a set of intervention strategies that seek to eliminate or reduce</p>	<p>Health promotion is a set of intervention strategies that seek to</p>

<p>Health Promotion</p>	<p>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 supports aimed at the stimulation of healthy behavior in individuals, groups, or communities. (Turnock. Public Health: What It Is and How It Works (4th Ed). Jones and Bartlett. MA. 2009).</p> <p>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.(http://www.who.int/topics/health_promotion/en/) Health promotion approaches engage people and organizations in the transformation process, and their engagement in the process constitutes in itself a desired change (Institute of Medicine of the National Academies. An Integrated Framework for Assessing the Value of Community-based Prevention. The National Academies Press. 2012</p>	<p>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.</p> <p>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 supports aimed at the stimulation of healthy behavior in individuals, groups, or communities. (Turnock. Public Health: What It Is and How It Works (4th Ed). Jones and Bartlett. MA. 2009).</p>
<p>Media Advocacy</p>	<p>Media advocacy is a set of processes by which individuals or groups in the community define, identify, and frame a problem and stimulate media coverage of the problem as a public health issue to help create widespread public concern and responsive action. (Adapted from: Glanz, K., Rimer, B.K., and Viswanath, K. Health Behavior and Health Education: Theory, Research, and Practice. San Francisco, CA: Jossey-Bass; 2008)</p>	<p>Use the same definition</p>

Media Literacy	None	Media literacy is the ability to access, analyze, create responsive action using all forms of communication. Media literacy represents a necessary, inevitable, and realistic response to a complex, ever-changing electronic environment and communication modes. https://namle.net/publications/media-literacy-definitions/
Social Marketing	Social marketing represents a unique system for understanding who people are, what they desire and then organizing the creation, delivery, and communication of products, services, and messages to meet their desires while at the same time meeting the needs of society and solve critical social problems. (Smith and Stroud. Social Marketing Behavior: A Practical Resource for Social Change Professionals. Academy of Educational Development. Washington, DC, 2008).	Social marketing is marketing designed to create social change, not to directly benefit a brand. Using traditional marketing techniques, it raises awareness of a given problem or cause, and aims to convince an audience to change their behaviors. https://www.business2community.com/digital-marketing/what-is-social-marketing-with-7-stellar-examples-02236451
Proposed New Terms		
Certified Communicator in Public Health (CCPH)	None	A person who has been formally recognized by the National Public Health Information Coalition (NPHIC) as having the skills necessary to effectively communicate public health information. https://www.nphic.org/career/credentialing/ccph-dev
Culturally and Linguistically Appropriate Services (CLAS)	None	The National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care (The National CLAS Standards) aim to improve health care quality and advance health equity by establishing a framework for organizations to serve the nation's increasingly diverse communities. https://minorityhealth.hhs.gov/omh/browse.aspx?lvl=2&lvlid=53
Persons with Lived Experience (PWLE)	None	Persons with lived experience are individuals with personal knowledge about the world gained through direct, first-hand involvement in everyday events rather than through

		<p>representations constructed by other people. It may also refer to knowledge of people gained from direct face-to-face interaction rather than through a technological medium.</p> <p>https://www.oxfordreference.com/view/10.1093/oi/authority.20110803100109997</p>
Public Information Officer (PIO)	None	<p>Government public information officers are responsible for creating and enabling communication between a government organization and news media outlets and the general public.</p> <p>https://www.thebalancecareers.com/government-job-profile-public-information-officer-1669701</p>
Social Media	None	<p>Social media are forms of electronic communication (such as websites for social networking and microblogging) through which users create online communities to share information, ideas, personal messages, and other content (such as videos). Examples of common social media platforms are Twitter, Facebook, Instagram, and Snapchat. https://www.merriam-webster.com/dictionary/social%20media</p>

Communication Science Expert Panel Participants

- Chuck Alexander (Burness Communications)
- Rex Archer (KCMO)
- Elaine Auld (SOPHE)
- Jennifer Chu (McCabe Message Partners)
- Joya Coffman (ASTHO)
- Liza Corso (CDC)
- Christin D'Ovidio (JSI Research Institute)
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- Tracy Ingraham (CDC)
- Robert Jennings (NPHIC)
- Gia Simon (CDC)
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