

# VERSION 2.0 WORK IN PROGRESS: COMMUNICATION SCIENCE – What Have We Learned from Accredited Health Departments? March 2020



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 ultimately transforming the quality and performance of state, local, tribal, and territorial public health departments.



Public Health Accreditation Board  
1600 Duke Street  
Suite 200  
Alexandria, VA 22314  
Phone: 703-778-4549  
Fax: 703-778-4556

[www.phaboard.org](http://www.phaboard.org)

This document summarizes what PHAB has learned about how health departments (HDs) participating in accreditation are addressing communication science-related activities. In particular, it focuses on the reasons that HDs struggled with measures that relate to communication science. These measures were selected because they are relevant to communication science (e.g., they might require that one of the examples relate to a communications). However, they are broader than communication science. Therefore, health departments may have been assessed as Slightly or Not Demonstrated (SD/ND) on these measures for reasons unrelated to their communications.

The table below includes the distribution of assessments in 337 Site Visit Reports that have been finalized and reviewed by the Accreditation Committee. It is possible that health departments were required to improve their performance on these measures through the completion of an Action Plan before they were accredited. There are 179 health departments from Version 1.0 and 158 health departments from Version 1.5 of the Standards and Measures.

Measure	% Fully Demonstrated	% Largely Demonstrated	% Slightly Demonstrated	% Not Demonstrated	N
1.1.3	80.7%	15.4%	2.7%	1.2%	337
1.2.2	53.4%	38.0%	8.6%	0.0%	337
1.3.2	74.2%	15.1%	7.4%	3.3%	337
1.4.2	75.7%	14.5%	6.2%	3.6%	337
2.4.1	70.3%	26.1%	3.6%	0.0%	337
2.4.2	65.6%	29.7%	4.7%	0.0%	337
2.4.3	53.7%	39.5%	6.5%	0.3%	337
2.4.4	57.9%	39.5%	2.6%	0.0%	38
3.1.1	46.0%	41.5%	12.2%	0.3%	337
3.1.2 (ver 1.0)	54.7%	31.8%	11.2%	2.2%	179
3.1.2 (ver 1.5)	28.5%	51.3%	19.6%	0.6%	158
3.1.3 (ver 1.5)	39.2%	37.3%	21.5%	1.9%	158
3.2.1 (ver 1.0)	71.5%	25.7%	2.8%	0.0%	179
3.2.1 (ver 1.5)	75.3%	22.8%	1.9%	0.0%	158
3.2.2 (ver 1.5)	41.1%	51.9%	7.0%	0.0%	158
3.2.3 (same as 3.2.2 in ver 1.0)	48.1%	41.2%	9.8%	0.9%	337
3.2.3 (in ver 1.0 similar to 3.2.4 in ver 1.5)	91.1%	6.7%	2.2%	0.0%	179
3.2.4 (ver 1.5)	64.6%	27.8%	7.0%	0.6%	158
3.2.5 (same as 3.2.4 in ver 1.0)	80.7%	18.1%	1.2%	0.0%	337
3.2.5 (ver 1.0, similar to 3.2.6 in ver 1.5)	69.3%	28.5%	1.7%	0.6%	179
3.2.6 (Ver 1.5)	62.0%	35.4%	2.5%	0.0%	158
5.3.2 (Ver 1.0)	63.1%	33.0%	3.9%	0.0%	179
5.3.2 (ver 1.5)	48.7%	47.5%	3.8%	0.0%	158
6.2.2	95.5%	2.4%	1.2%	0.9%	336
6.2.3	95.3%	2.7%	1.2%	0.9%	337
6.3.3	65.3%	27.0%	7.4%	0.3%	337
6.3.5	50.6%	31.3%	15.5%	2.7%	336
10.2.3	39.8%	38.3%	13.9%	8.0%	337
11.1.3 (in ver 1.0, similar to 11.1.4 in ver 1.5)	53.6%	40.8%	5.6%	0.0%	179
11.1.4 (Ver 1.5)	45.6%	48.7%	5.1%	0.6%	158

Data are presented separately for health departments assessed under Version 1.0 and Version 1.5 of the Standards & Measures if there was a substantive change in the requirements. If the two versions are substantively the same, the aggregate data are presented. The numbering of some of the measures changed between Version 1.0 and Version 1.5. (For example, the measure about communication procedures was 3.2.2 in Version 1.0 and 3.2.3 in Version 1.5).

To better understand HDs' performance on these measures, PHAB conducted an analysis of the conformity comments of HDs that were assessed as Slightly or Not Demonstrated (SD/ND) in at least 5% of the Site Visit Reports. The results of those analyses are shown below. For each measure, the most common reasons for the assessment are listed, including the number of HDs for which that reason was indicated. One HD could have multiple reasons listed. The reasons are linked to specific required documentation (RD) listed in the PHAB Standards & Measures. For reference, please see: [https://www.phaboard.org/wp-content/uploads/2019/01/PHABSM\\_WEB\\_LR1.pdf](https://www.phaboard.org/wp-content/uploads/2019/01/PHABSM_WEB_LR1.pdf).

### **Measure 1.2.2: Communication with surveillance sites**

Of the 29 HDs assessed as SD/ND, the most common challenges were deficiencies in documentation that demonstrated:

- RD3: Received surveillance data itemized by reporting site (13 HDs)
- RD2: Attendance at reporting requirement training by surveillance site members (9 HDs)
- RD2: Relevance to surveillance reporting sites (i.e., provided documentation of training for other types of stakeholders) (7 HDs)
- RD3: Receipt of surveillance data (i.e., provided documentation about other types of data) (8 HDs)
- RD1: Complete list of the individuals or organizations that provide surveillance data to the health department (7 HDs)

### **Measure 1.3.2: Public health data provided to various audiences on a variety of public health issues**

Of the 36 HDs assessed as SD/ND, the most common challenges were deficiencies in documentation that demonstrated:

- Provision of an analytic report or analysis (27 HDs)
- Identification of specific audiences (9 HDs)
- Documentation of sharing/distribution (7 HDs)

### **Measure 1.4.2 S/T/L: Statewide/Tribal/community summaries or fact sheets of data to support public health improvement planning processes at the State/Tribal or local level**

Of the 33 HDs assessed as SD/ND, the most common challenges with documentation included:

- Data provided was CHA data, which is ineligible for this measure (16 HDs)
- RD1: Data were not provided by HD (i.e., came from another source) (13 HDs)
- RD1: Documentation submitted was not a data summary/profile (12 HDs)

### **Measure 2.4.3: Timely communication provided to the general public during public health emergencies**

Of the 23 HDs assessed as SD/ND, the most common challenges were deficiencies in documentation of the following:

- RD1: Communication methods to communicate with members of the public requiring particular communication considerations (12 HDs) – Version 1.5 requirement
- RD2: Communications through the media (7 HDs)
- RD2: Consideration of members of the public requiring particular communication considerations (7 HDs)
- RD2: Communications related to a public health emergency (7 HDs)
- RD2: Evidence of relationships with media, organizations, and outlets (7 HDs) – Version 1.5 requirement

### **Measure 3.1.1: Information provided to the public on protecting their health**

**Of the 42 HDs assessed as SD/ND, the most common challenges were deficiencies in documentation that demonstrated:**

- RD2: Consultation with community & target group in developing materials (30 HDs)
- RD3: Messages coordinated with other HDs or community partners (21 HDs)
- RD1: Cultural competence & health literacy taken into account (18 HDs)
- RD1: Distribution of the information (13 HDs)
- RD2: Social and environmental factors addressed (13 HDs)
- RD1: Indication of target audience (12 HDs)
- RD2: Community and target group involvement for the purpose of developing the messages and materials (11 HDs)

### **Measure 3.1.2: Health promotion strategies to mitigate preventable health conditions**

Of the 56 HDs assessed as SD/ND, the most common challenges were deficiencies in documentation that demonstrated:

- RD3: Solicitation of review, input, and/or feedback from the target audience during the development of the health promotion strategy (40 HDs)
- RD4: Collaboration with partners in implementing strategy (36 HDs)
- RD2: Use of various marketing or change methods (30 HDs)
- RD2: Strategies are evidence-based, rooted in sound theory, practice-based evidence, and/or promising practice (24 HDs)
- RD2: Engagement of community and target audience in development of strategy (21 HDs)
- RD2: Strategy includes a focus on social and environmental factors (16 HDs)
- Articulation of a strategy throughout the documentation (14 HDs)
- RD2: Planned collaborative implementation (13 HDs)
- RD3: Consistent use of program examples across RDs (12 HDs)
- RD1: Planned approach for developing health promotion programs (11 HDs)
- Evidence of implementation (11 HDs)
- Priorities identified through health improvement plan (requirement in Ver 1.0 of S&M only) (10 HDs)

**Measure 3.1.3: Efforts to specifically address factors that contribute to specific populations' higher health risks and poorer health outcomes** (Measure added in Version 1.5)

Of the 37 HDs assessed as SD/ND, the most common challenges were deficiencies in documentation that demonstrated:

- Element c: Internal policies and procedures to ensure programs address specific populations (22 HDs)
- Element b: Plans/efforts to address social change, social customs, community policy, level of community resilience or the community environment (17 HDs)
- Element a: Analysis of factors that cause or contribute to health equity (12 HDs)
- Element a: Analysis of health equity (11 HDs)

**Measure 3.2.2: Organizational branding strategy**

This measure was added in Version 1.5. Of the 11 HDs assessed as SD/ND, the most common challenges were deficiencies in documentation that demonstrated the following:

- RD1f: Link between the branding strategy and the department's strategic plan (9 HDs)
- RD1e: Appropriate signage inside and outside the health department facility (8 HDs)
- RD2: Implementation of elements of branding strategy (7 HDs)
- RD1b: Targeted brand customized to different stakeholders (6 HDs)

**Measure 3.2.3: Communication procedures to provide information outside the health department** (3.2.2 in Version 1.0)

Of the 36 HDs assessed as SD/ND, the most common challenges were deficiencies in documentation that demonstrated:

- RD1: Dissemination of accurate, timely, appropriate information for different audiences (25 HDs)
- RD1: Coordination with community partners for communicating messages (18 HDs)
- RD1: Description of responsibility of staff positions that interact with news media and public (16 HDs)
- RD2: Implementation of communications procedures (13 HDs)
- RD1: Indication of when contact list used and how maintained (12 HDs)
- RD1: Contact list of media/key stakeholders (11 HDs)

**Measure 3.2.4: Risk Communication Plan (includes Measure 3.2.3 version 1.0)**

Of the 16 HDs assessed as SD/ND, the most common challenges were deficiencies in documentation that demonstrated the following:

- How message clearance will be expedited (12 HDs)
- How information is disseminated in case technology is disrupted (10 HDs)
- Risk communication plan for a given situation (9 HDs)
- How information will be provided 24/7 (9 HDs)
- How the HD will prevent public alarm by dealing with misconceptions/misinformation (8 HDs)
- Delineation of roles, responsibilities and chain of command (7 HDs)

**Measure 6.3.3: Procedures and protocols followed for both routine and emergency situations requiring enforcement activities and complaint follow-up**

Among the 26 HDs assessed as ND/SD, the most common challenges were deficiencies in documentation of the following:

- RD1: Standards for follow-up to complaints (15 HDs)
- RD1: Analysis of situation around complaint (13 HDs)
- RD1: Actions taken due to investigation/complaint (10 HDs)
- RD2: Communication with regulated entities regarding complaints (9 HDs)

**Measure 6.3.5: Coordinated notification of violations to the public, when required, and coordinated sharing of information among appropriate agencies about enforcement activities, follow-up activities, and trends or patterns**

Among the 61 HDs assessed as ND/SD, the most common challenges were the following:

- RD2: Lack of protocol for notifying the public of enforcement activities (27 HDs)
- RD1: Communication protocol was not interagency (21 HDs)
- RD3: Examples of notifications of enforcement actions and other information sharing were not connected to the protocols submitted for this measure (21 HDs)
- RD1: Communication protocol for interagency notifications did not address enforcement (21 HDs)
- RD2: Communication protocol for public notification did not address enforcement (16 HDs)
- RD3: Examples of notification and information sharing did not address enforcement (16 HDs)
- RD1: Communications protocol for interagency notifications were not comprehensive (13 HDs)
- RD2: Notifications were not to the public (13 HDs)

**Measure 10.2.3: Communicated research findings, including public health implications**

Among the 74 HDs assessed as ND/SD, the most common challenges were:

- Documentation provided was not research as defined by PHAB (e.g., documentation provided was CHA data) (50 HDs)
- Findings were not shared with the state/Tribal/local health department (44 HDs)
  - Primary issue was local HDs not sharing with state
- Documentation lacked evidence of distribution/presentation/communication of findings (21 HDs)
- Research was not evaluated by experts for implications (11 HDs)