

VERSION 2.0 WORK IN PROGRESS: Communication Science Expert Panel Summary

March 25, 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 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	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. What PHAB may be asking for identity work by the health department. There was not consensus on this. A better definition and language might refer to organizational branding. 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. https://www.shrm.org/resourcesandtools/tools-and-samples/hr-qa/pages/cms_023007.aspx
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=CgZwc3ktYWIQAzICCAAyAggAMgllADICCAAyAggAMgllADICCAAyAggAMgllAFDhKljtUWCyVGgAcAB4AIABzwlAbMrkgEFNi00LjKYAQCgAQGqAQdnd3Mtd2l6&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)
- Andrea Grenadier (NACCHO)
- Tracy Ingraham (CDC)
- Robert Jennings (NPHIC)
- Gia Simon (CDC)
- Emily Greshem Wherle (Interact for Health)

**VERSION 2.0 WORK IN PROGRESS:
Evidence Related to Behavioral Health
August 2018**



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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.ⁱ 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.ⁱⁱ 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.ⁱⁱ 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."ⁱⁱ Larger LHDs are more likely to use social media communication channels and a call center than smaller LHDs.ⁱⁱ

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.”^{3*}

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.⁴ Health promotion approaches engage people and organizations in the transformation process, and their engagement in the process constitutes in itself a desired change.⁵


Health departments can promote health within the areas they serve by utilizing networks of community stakeholders.⁶ One study notes that health promoters can leverage the strong influence of salient stakeholders to develop impactful campaigns.⁷

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.⁶ This strategy can be particularly impactful for small and midsize newspapers serving rural areas with underserved populations.⁶ However, the likelihood of success depends on the frequency of contact between the LHDs and the respective stakeholder.⁸ These networks can mobilize the community by following CDC and ASTHO's 10 step approach for health communications.⁹

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.⁹

A third group LHDs utilize are healthcare providers (HCP), who serve as frontline responders and are “preferred communicators of health information to the public.”¹⁰ LHDs can directly disseminate information to HCPs through modes such as email, fax, and text messaging.¹¹ These communication channels are particularly effective for increasing HCPs' awareness of public health alerts and technical guidance during a public health emergency.¹¹

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.”¹² 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.¹¹ 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.⁹

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.^{3*}

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.¹³

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.¹³ CDC’s Clear Communication Index provides guidance on developing these materials.⁹

Branding

Branding is the marketing practice of creating a name, symbol or design that identifies and differentiates a product from other products.^{14*}

Branding can serve to “differentiate [LHDs]’s role[s] and function within the community from other health related organizations and providers.”¹⁵ It is also key in “establishing expertise” of the health department and employees, essentially to reassure the public the sources are trusted.^{16,17}

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.”¹⁵ Additionally, strong branding will aid in fighting misinformation as branding will convey expertise through disseminating evidence-based information.¹⁶ NACCHO recommends implementing brand strategies that can utilize existing funds employee education and engagement.¹⁵

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.¹⁸

This can also generate trust and facilitate network building enabling, increased partnership and participation in health promotion.^{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.”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).¹⁶ High engagement through LinkedIn and Twitter communities can enable idea sharing, discussions, and forming strategic relationships.¹⁶ Alignment will also allow for an understanding of the process for information dissemination and improved delivery via cost-effective, high-impact channels.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.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.

¹ Gateway to Health Communication. Centers for Disease Control and Prevention website. Updated February 2, 2011. Accessed August 20, 2020. <https://www.cdc.gov/healthcommunication/toolstemplates/WhatIsHM.html>

ⁱⁱ 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

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

⁴ Health Promotion. World Health Organization website. Accessed August 20, 2020. <http://www.who.int/healthpromotion/fact-sheet/en/>

⁵ Institute of Medicine (US) Committee on Valuing Community-Based Non-Clinical Prevention Policies and Wellness Strategies. An integrated framework for assessing the value of community-based prevention. Washington, DC: National Academies Press; 2012.

⁶ Young R, Willis E, Stemmler J, Rodgers S. Localized health news releases and community newspapers: a method for rural health promotion. *Health Promotion Practice*, 2015; 16(4): 492–500. <https://doi.org/10.1177/1524839915580538>

⁷ Kok G, Gurabardhi Z, Gottlieb NH, Zijlstra FRH. Influencing organizations to promote health: applying stakeholder theory. *Health Educ Behav*. 2015; 42(1_suppl): 123S-132S. <https://doi.org/10.1177/1090198115571363>

⁸ Luke DA, Wald LM, Carothers BJ, Bach LE, Harris JK. Network influences on dissemination of evidence-based guidelines in state tobacco control programs. *Health Educ Behav*. 2013;40(1_suppl): 33S-42S. <https://doi.org/10.1177/1090198113492760>

⁹ Santibañez S, Siegel V, O'Sullivan M, Lacson R, Jorstad C. Health communications and community mobilization during an Ebola response: partnerships with community and faith-based organizations. *Public Health Rep*. 2015;130(2):128-133. <https://doi.org/10.1177/2F003335491513000205>

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- ¹¹ National Academies of Sciences, Engineering, and Medicine. Evidence-based practice for public health emergency preparedness and response. Washington, DC: The National Academies Press; 2020. <https://doi.org/10.17226/25650>
- ¹² Parton HB, Perlman SE, Koppaka R, Greene CM. Putting public health into practice: a model for assessing the relationship between local health departments and practicing physicians. *Am J Public Health*. 2012; 102(S3):S333-S335. <https://doi.org/10.2105/AJPH.2011.300645>
- ¹³ Hudson DL. Popular culture and public health: a fresh approach to transdisciplinary public health education. *Pedagogy in Health Promotion*. 2016;2(4):251-255. <https://doi.org/10.1177/2373379916650691>
- ¹⁴ Entrepreneur. Entrepreneur website. Accessed August 20, 2020. <https://www.entrepreneur.com/encyclopedia/branding>.
- ¹⁵ National Association of County and City. *Branding Your Local Health Department: The Process*; 2013. <https://www.naccho.org/uploads/downloadable-resources/Resources/BrandProcessGuide.pdf>.
- ¹⁶ Miller MR, Snook WD, Yoder EW. Social media in public health departments: a vital component of community engagement. *Journal of Public Health Management and Practice*. 2020;26(1):94-96. doi:10.1097/PHH.0000000000001125
- ¹⁷ Strelakova YA. Health risk information engagement and amplification on social media: news about an emerging pandemic on Facebook. *Health Educ Behav*. 2017;44(2):332-339. <https://doi.org/10.1177/1090198116660310>
- ¹⁸ About Us. PHRASES: Public Health Reaching Across Sectors website. Accessed August 15, 2020. <https://www.phrases.org/mission/>.
- ¹⁹ Dilworth K, Tao M, Shapiro S, Timmings C. Making health promotion evidenced-informed: an organizational priority. *Health Promotion Practice*. 2013;14(1):139-145. <https://doi.org/10.1177/1524839912461274>
- ²⁰ Neiger BL, Thackeray R, Burton SH, Giraud-Carrier CG, Fagen MC. Evaluating social media's capacity to develop engaged audiences in health promotion settings: use of twitter metrics as a case study. *Health Promotion Practice*. 2013;14(2):157-162. <https://doi.org/10.1177/1524839912469378>
- ²¹ LeBlanc TT, Ekperi L, Kosmos C, Avchen RN. The virtual village: a 21st-century challenge for community preparedness. *Am J Public Health*. 2019;109(S4):S258-S259.

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.



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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.

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)