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CHAPTER 6

STRENGTHENING LOCAL PUBLIC HEALTH COMMUNICATION

Effective and meaningful communication with community members, policymakers, media, and other partners is an integral part of local governmental public health. During a public health emergency, as well as during non-emergency times, local public health departments must communicate trusted, accurate, culturally appropriate, and accessible messages through different forms of media in order to carry out a wide variety of programs and policies. Despite the importance of strong communications capabilities to the success of local public health initiatives, very few local health departments have dedicated communications personnel, nor adequate training and infrastructure to support robust communications. Expanding this capacity is vital to achieving the task force's vision for the future of local public health. The Task Force on the Future of Local Public Health identified three key areas of communication for local public health:

1. Communication with community members about ongoing specific health issues or concerns, such as risk and protective factors for chronic diseases and corresponding health behaviors

2. Communication with community members about emergency/ urgent health issues (such as information about emerging infectious diseases and other crises)

3. Communication about the role of public health in ensuring community health and the valuable contributions that local health departments make to daily life, public safety, economic vitality, and the health of communities

> **"The ability to communicate clearly, concisely, and persuasively to the public is both a challenge and a fundamental responsibility of health departments."**
>
> *National Association of City and County Health Officials. Communication and Marketing: A Foundational Capability for Local Health Departments. November 2015.*
>
> https://www.naccho.org/uploads/downloadable-resources/Resources/Communications-Foundational-Capabilities.pdf

Public Health Communication and Community Health

Public health practitioners and partners recognize the many ways that people's health is impacted by where they live, and by other factors such as education, employment, and housing. Effective public health communication makes considerations for these factors that impact our health, including social media directed at both the individual and group levels, advocacy to policymakers, and broad media campaigns to reach larger populations.[1]

Effective public health communications strategies often have one or more primary goals: to increase population awareness about specific health issues or solutions; to describe and encourage healthy behaviors (and/ or discourage risky behaviors); and to shift social norms about health issues to encourage healthier behaviors or reduce stigma about health conditions.[2] Successful public health communications can improve the health of the whole population by achieving these goals.

To maintain the capacity for effectively addressing these communication responsibilities, the task force highlighted the need for community collaboration and trust when developing strategies to improve public health communications, as well as the need for a communications skillset among the workforce in local public health. Trust is key to effective public health communications, and yet a survey by the Robert Wood Johnson Foundation found that nearly a quarter of adults (23%) nationally think the information provided by their local health department about the health of people in their communities is unreliable.[3] Only 44% of adults said they have "a great deal" or "quite a lot" of trust in the recommendations made by local health departments to improve health.[3]

Lessons Learned from Pandemic Communications

In December 2021, the National Academies of Sciences, Engineering, and Medicine released an examination of lessons learned about effective communications and community engagement during the COVID-19 pandemic.[4] Specific challenges in crisis communications included the broad scope of the problem; the speed at which the pandemic evolved; and the need to counter misinformation distributed from various sources, including mainstream media and social media. Other challenges identified in the report included coordination and collaboration, particularly across federal, state, local, and Tribal governments and within changing federal administrations during vaccine distribution. Effective and accurate communication also proved challenging as local public health tried to address the different ways communities were being impacted and tailor messages to acknowledge the impact of systemic racism on community experiences with COVID-19.[4]

The report's insights for future public health crisis communications include grounding communications in reliable data; including communities that are most impacted in the development of bidirectional communications; developing messages that are "tailored, culturally congruent, and delivered by trusted messengers;" and countering misinformation and disinformation quickly. The report concludes that adequately implementing these strategies will require additional funding support, and a convening and coordinating structure to ensure local public health's capacity to fill these communications roles.

Challenges and Opportunities for Local Public Health Communication

Like so much in public health, funding and personnel remain challenging as health departments seek to implement effective public health communications strategies. The task force identified an ongoing challenge of many local health departments having few staff with primary roles specific to communications. Due to resource constraints, staff with communications responsibilities often have varied amounts of training and skills in public health communications to implement strategies for both crisis communications and ongoing health promotion needs. Frequently, the primary roles of these staff members are not in communications positions.

To address concerns about community trust, public health communicators often partner with established and respected community members who can successfully convey key information about health behaviors, risk factors, and other public health messages in ways that demonstrate understanding of and experience with the many community- and individual-specific factors that impact health. The development of these relationships is both an opportunity and a challenge for local health departments. To implement effective communication strategies, local health departments must have capacity to develop relationships with these trusted community messengers, work with them to craft compelling and effective messages, evaluate their impact, and maintain and evolve their relationships over time.[4]

With these needs and challenges in mind, the task force recommends the following:

RECOMMENDATION 3

Strengthen capabilities and build trust to communicate effectively with diverse community members, media, and policymakers

Three strategies are recommended by the Task Force on the Future of Local Public Health to move to a future vision of effective communication:

Strategy 3a. Build a Community of Practice
Through the North Carolina Public Health Workforce Regional Hubs, the North Carolina Division of Public Health should work to build a Public Health Communication Community of Practice with representatives of local and Tribal health departments.

Strategy 3b. Create a Public Health Communication Certificate Program
The North Carolina Public Health Association, Division of Public Health, and academic programs at the university and community college level should collaborate to create a training certificate program in governmental public health communications to build communication capabilities at the regional and/or local level and to promote best practices in communications across the state.

Strategy 3c. Raise Public Awareness and Knowledge of Public Health Issues, Services, and Strategies
North Carolina health- and public-health-related philanthropies should invest in the development of a robust strategic communications framework that clearly identifies messengers, messages, and strategies for increasing public and legislative knowledge of public health's roles, and opportunities to champion development in local public health.

Similar recommendations (6.2 and 6.3) were supported by the Carolinas Pandemic Preparedness Task Force. Please see the final report from the Carolinas Pandemic Preparedness Task Force for additional details and information at https://nciom.org/carolinas-pandemic-preparedness-task-force/.

Strategy 3a – Build a Community of Practice

Through the North Carolina Public Health Workforce Regional Hubs, the North Carolina Department of Health and Human Services Division of Public Health should develop a Public Health Communication Community of Practice (COP) with representatives of local and Tribal health departments to continue fostering collaboration, increase communication skills, ensure consistent messaging, and advance the general knowledge of public health communication. The Public Health Communication COP should:

   i.   Work with the University of North Carolina Hussman School of Journalism and Media, North Carolina university departments and programs of communications and public health, and regional and statewide partners to support relationship building between local and Tribal public health and local and state health reporters.

   ii. Develop or support trainings on best practices for sharing public health data and messages, communicating with reporters, and storytelling.

   iii. Be leveraged by the North Carolina Association of Local Health Directors and the North Carolina Division of Public Health, with input from representatives of local and Tribal health departments, to develop a plan for all local health departments to have access to a regional- or local-level communications staff member.

Desired Result

Local health departments will have opportunities to develop staff skills to support public health communications and will gain necessary staff capacity to fulfill communication goals.

Why does the task force recommend this strategy?

The task force recognized the need for increased staff training and capacity in public health communications and for local public health communicators to develop or deepen relationships with local and state news reporters and develop skills and best practices in public health communications. Relationships with news reporters can lay the groundwork for rapid and accurate communication during crises, understanding of reporting priorities, and can increase opportunities for local public health activities to be covered in the news. A Community of Practice (COP) concept would encourage cross-sector relationship building between local public health and local and state news media, as well as support the skill development of those working in local public health and enhance consistent health messaging across health departments. The COP could also serve as a vital advocate for local health departments across the state that do not have financial and staff capacity to effectively achieve communications goals and that could benefit from cross-department or regional collaboration to ensure communications staffing.
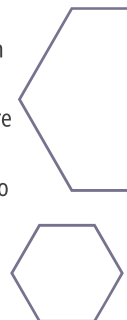
Additional Context

The North Carolina Public Health Workforce Regional Hubs, developed by the North Carolina Department of Health and Human Services Division of Public Health with funding from the American Rescue Plan Act, have allowed the 10 public health regions in the state to pursue projects and activities that they have prioritized for their workforce.[A] This collaboration has led to the launch of a Data and Communications Fellowship and a Rapid Needs Assessment to identify staffing and training needs.[B,5] With the successful development of the Regional Hubs and the subsequent work of several regions in the area of public health communications, the task force identified that collaboration as a prime venue in which to establish a Public Health Communication Community of Practice.

In addition to this more recent work through the Regional Hubs, some health departments with more financial resources have been able to dedicate staff specifically to communications roles and implement effective communications plans. For example, the Durham Public Health Department has a Communications and Public Relations Manager as a permanent staff role. Having a dedicated staff member in this role has helped to ensure that community members get the information they need about access to care and community resources and has meant that policymakers turn to local public health for health data and information about barriers to care. In addition, Durham Public Health has sustained strong relationships with local news media, helping to get news to the community about actionable topics like vaccine clinics.

Many local health departments do not currently have the funding or staff to support a dedicated communications position, making cross-department or regional sharing a helpful support structure for ensuring this expertise is available at the local level (see also Strategy 6c). Regional collaborations, such as WNC Health Network, have been important in ensuring effective public health communications for some smaller health departments. In 2019, WNC Health Network organized the WNC Health Communicators Collaborative, a group of public health and hospital communications professionals. As the pandemic began, this new collaborative created a pilot project to adapt information from the Centers for Disease Control and Prevention (CDC) and the North Carolina Department of Health and Human Services for a Western North Carolina audience, particularly rural communities.[6] After the pilot, participation in the collaborative's vaccination campaign grew to include all "18 catchment area counties, the Eastern Band of the Cherokee Indians, and several local community-based organizations that closely work with African American and Hispanic/Latinx populations in the WNC region."[6] Evaluations of the WNC Health Communicators Collaborative's work showed success in using this model to communicate COVID-19 information in the region. Of respondents who saw the campaign's ads, 53% said they sought more COVID-19 information after seeing them, 25% said the ads impacted their COVID-19 prevention behaviors, and 30% said seeing the ads led to vaccination or vaccine consideration.[6]

How would this impact the health of communities?

Close relationships between local public health and local news media would help to ensure accurate and timely reporting of important health-related topics for the community. Increasing local public health workforce knowledge and access to expertise in public health communications will allow for locally tailored health messages that can have a greater impact on community health by speaking more directly to community values and experiences.

Who is responsible?

- North Carolina Department of Health and Human Services Division of Public Health

Who are the partners?

- North Carolina Public Health Workforce Regional Hubs
- Local health departments
- Tribal public health
- University of North Carolina Hussman School of Journalism and Media
- North Carolina university departments of communications
- Local and state health reporters

Strategy 3b – Create a Public Health Communication Certificate Program

The North Carolina Public Health Association, North Carolina Department of Health and Human Services Division of Public Health, and public health academic programs at the university and community college level should collaborate to create a training certificate program in governmental public health communications to build communication capabilities at the regional and/or local level, and to promote best practices in communications across the state. The certificate program should:

i. Help staff in different local public health roles understand how their role fits into communications activities and needs of the agency and how to identify misinformation and appropriate strategies for countering it.

ii. Ensure that staff who communicate with the community using health data are trained on effective ways to do so.

iii. Emphasize tools and resources to evaluate the cultural responsiveness of health messages, how the community relates to health messages, and how the community wants to receive communications.

iv. Identify ways to collaborate with local and regional partners to foster effective strategies for sharing public health messages with the community.

Desired Result

Local public health staff tasked with communications roles will have expertise in public health communications.

Why does the task force recommend this strategy?

Public health practitioners are used to wearing many hats and developing needed skills while on the job, but the task force recognized the need for dedicated staff, training, and, ideally, certification in public health communications. Without a specific educational background in public health communications or public relations, staff tasked with communications duties may not have the tools and knowledge to be most effective in their role. A certificate program would provide an opportunity to grow these skills through professional development.

Additional Context

The COVID-19 pandemic emphasized the importance of communication, whether it is countering misinformation or tailoring messages to meet community needs. As mentioned on Page 49, the National Academies of Sciences, Engineering, and Medicine identified lessons learned from the pandemic about effective communications and community engagement.[4] Major insights for public health crisis communications were to:

- Ground communications in reliable data;
- Include communities that are most impacted in the development of bidirectional communications;
- Develop tailored messages that can be delivered by trusted messengers; and
- Counter misinformation and disinformation quickly.

Even before the pandemic, local public health workers in North Carolina emphasized the importance of effective public health communication. A July 2019 public health workforce survey found that persuasive communication[c] was the top strategic skill that staff at all levels identified as important to their day-to-day work.[7]

A successful public health communication strategy needs to incorporate an understanding of who the audience is, how they consume information, when they need to receive the information, who their trusted messengers are, and how the communication efforts will be evaluated.[4] The Centers for Disease Control and Prevention (CDC) has established Guiding Principles for Inclusive Communication that are "intended to help public health professionals, particularly health communicators, within and outside of CDC ensure their communication products and strategies adapt to the specific cultural, linguistic, environmental, and historical situation of each population or audience of focus."[8] See Figure 8 for these principles.

Figure 8. CDC's Health Equity Guiding Principles for Inclusive Communication

1. **USING A HEALTH EQUITY LENS when framing information about health disparities.**

2. **Considering the KEY PRINCIPLES, such as using person-first language and avoiding unintentional blaming.**

3. **Using PREFERRED TERMS for select population groups while recognizing that there isn't always agreement on these terms.**

4. **Considering HOW COMMUNICATIONS ARE DEVELOPED and looking for ways to develop more inclusive health communications products.**

5. **Exploring OTHER RESOURCES AND REFERENCES related to health equity communications.**

Source: Centers for Disease Control and Prevention. Health Equity Guiding Principles for Inclusive Communication. https://www.cdc.gov/healthcommunication/Health_Equity.html

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The effectiveness of public health communications in achieving health behavior goals, shifting social norms, or impacting health outcomes is often not evaluated, due in part to the broader challenges of funding and personnel. While those resource challenges are real, it is important to understand whether communications are reaching their intended audiences and achieving their desired purpose.

How would this impact the health of communities?

Knowledgeable and skilled public health communicators can use data and health messages tailored to community values and needs. This culturally responsive health information will help community members understand how health behaviors, diseases, and other factors can impact their health and what steps they can take to keep themselves healthy.

Who is responsible?
- North Carolina Public Health Association
- North Carolina Department of Health and Human Services Division of Public Health
- Public health academic programs at the university and community college level

Who are the partners?
- Local health departments
- Tribal public health
- North Carolina Institute for Public Health

Strategy 3c – Raise Awareness and Knowledge of Public Health Issues, Services, and Strategies

North Carolina health philanthropies should invest in the development of a robust strategic communications framework that clearly identifies messengers, messages, and strategies for increasing public and legislative knowledge of public health's roles and opportunities to champion development in local public health.

Desired Result

Community members will have a better understanding of the role and importance of local public health in the health of their communities and will support the allocation of adequate resources for the work of local public health.

Why does the task force recommend this strategy?

Many people understand the role of local public health in addressing infectious diseases, particularly after the experience of the COVID-19 pandemic. However, the vast scope of local public health—from restaurant and water inspections to community collaborations—is much less well known. Local public health does not often publicize its work and achievements, leaving the sector vulnerable to being overlooked for the important public services it provides. Lack of awareness by both community members and policymakers has led to less priority being placed on providing adequate resources for local public health to effectively achieve its goals of improving community health, public safety, economic prosperity, and well-being. This need for increased knowledge of local public health—and subsequent support for ensuring adequate resources—provides an opportunity for health- and public-health-related philanthropies in the state to invest in activities that increase public awareness.

Additional Context

A 2021 survey by the Robert Wood Johnson Foundation found that one-third of adults (33%) report being unfamiliar with the activities of their local health department, and there is no data to indicate what those claiming to be familiar with activities actually know about local public health's roles in the community.[3] This survey also found challenges related to public trust:[3]

- Nearly a quarter of adults (23%) nationally think the information provided by their local health department about the health of people in their communities is unreliable.
- Only 44% of adults have "a great deal" or "quite a lot" of trust in the recommendations made by local health departments to improve health.

A lack of trust for some is paired with frustration and anger about the actions taken by public health officials during the course of the COVID-19 pandemic. This combination of negative perspectives about public health officials subsequently led to over 100 new laws across the country to limit the authority of state and local health officials.[9] Public health officials are concerned about the potential for additional limitations to their roles and responsibilities and how that would impact their ability to respond in future public health emergencies or natural disasters.[10] Improving the public's and policymakers' understanding of the work of public health on the local and state level could help to increase trust and support for the role of public health in our daily lives and in emergencies.

Recognizing the importance of bridging the communication gap about public health's role, Public Health Reaching Across Sectors (PHRASES) is a national initiative to "improve the ability of public health professionals to communicate the impact and value of the public health field to other sectors in language that resonates and fosters cross-sector partnerships and alliances." PHRASES is a partnership between the de Beaumont Foundation and the Aspen Institute's Health, Medicine and Society Program and offers resources and trainings to public health professionals. Research from the PHRASES initiative shows that leaders in sectors such as housing, education, business, and health care have very different views and understanding of what the concept of public health is, let alone how the work of local public health can impact communities (see text box on following page). Crossing that knowledge and communication gap will be essential in developing truly effective and lasting cross-sector parternerships (see also, Chapter 4 – Partnerships).

How would this impact the health of communities?

Improved awareness and knowledge of local public health's role could lead to increased allocation of resources for the work to improve community health and well-being. An increase in resources would allow for more effective activities to promote policies that can improve health and programs to address community health needs.

> **"33% of adults report being unfamiliar with the activities of their local health department."**
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> *- Harvard T.H. Chan School of Public Health, The Public's Perspective on the United States Public Health System. Robert Wood Johnson Foundation. May 2021.*
>
> *https://www.rwjf.org/en/library/research/2021/05/the-publics-perspective-on-the-united-states-public-health-system.html*

Perspectives on Public Health

Interviews with housing, business, education, and health sector leaders were conducted with funding from the de Beaumont Foundation and the Aspen Institute's Health, Medicine and Society Program as part of the **Public Health Reaching Across Sectors (PHRASES)** initiative. Some key perpsectives gained from that work are shared below (emphasis added) and highlight the gap in understanding of the purpose and role of public health in communities.

*"Leaders in the Housing and Education sectors, as well as leaders and professionals in the Business sector had a dominant tendency to **associate health with medical care.** They understood health deeply and implicitly as a medical issue, which placed the health care system and health insurance at the forefront of their thinking. While Health Systems leaders consistently recognized that access to care shapes people's health in significant ways, they tended to focus less on health care than Housing, Education, and Business participants did."*

*"When asked to define the term 'public health,' some sector leaders, as well as the Business professionals, were initially surprised and stumped. **They had a hard time defining the concept and the field,** and needed time to access what they knew about public health."*

*"Leaders in Housing and Education sometimes talked about the role of public health in providing preventive and curative health care to communities and, specifically, to underserved individuals. In those instances, **they typically thought about public health as a function—caring for the health of the public—** rather than as an organized field of practice, and **they assumed that this function was performed by the health care sector.** Business participants often associated the phrase 'public health' not simply with the function of caring for the health of the public but with the concept of a 'government-run health care system.'"*

FrameWorks Institute. Public Health Reaching Across Sectors - Mapping the Gaps between How Public Health Experts and Leaders in Other Sectors View Public Health and Cross-Sector Collaboration. February 2019. https://www.phrases.org/wp-content/uploads/2020/07/Aspen-PHRASES-MTG-Report-2019.pdf

Who is responsible?

- Public health philanthropies

Who are the partners?

- North Carolina Department of Health and Human Services Division of Public Health
- North Carolina Public Health Association
- Local health departments
- Tribal public health

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