1. Hello and welcome to “Communication in Public Health.” The content for this lecture is taken, among other cited sources, from *Public Health Administration, Chapter 20, Communication and Media Relations in Public Health*, by Lloyd F. Novick, et al.

2. The objectives of this lecture are:
   - Understand the principles of effective communication in public health management
   - Identify various communication channels for public health
   - Identify the role of health literacy in improving health outcomes
   - Describe how information technology can enable public health communication
   - Explain communicating to target audiences
   - Summarize risk communication strategies

3. Effective communication is a required skill for developing and managing successful public health programs and activities. A public health professional must employ explicit communication strategies to manage relationships with the media, policy makers, and the public. The priority of building skills in communication is highlighted by the IOM in their inclusion of health communication as one of the 28 focus areas for Healthy People 2010.

4. So, what are we trying to accomplish with communication as a public health professional? There are many intended outcomes. First, increasing service utilization ensures that available services targets at-risk populations. Examples of services requiring publicity include immunizations, primary care, family planning, and tobacco cessation.

   The second outcome includes healthier lifestyles. Public health organizations play critical roles in informing the public about the important roles of personal lifestyle and behaviors in determining health status. Tobacco use, poor diet, lack of physical activity, and alcohol consumption contribute to 885,000 premature deaths a year in the United States. Effective communication strategies can convey the risks of such activities to the public.

   The third outcome is improved organizational performance. Public health organizations, like other bureaucratic institutions, require effective internal and external communication strategies to ensure that the organization functions at optimum efficiency and effectiveness.

   The fourth outcome is strengthened community partnerships. The public health system involves partnerships with many other organizations within the community. Effective communication is critical for the success of such partnerships.
The fifth outcome is supportive health policies. Effective public health policy development requires regular communication with the media, elected officials, lobbyists, and community groups, among others.

The final outcome is effective management of public health emergencies. The threat of public health emergencies (e.g., natural disasters, bioterrorist activities, and communicable disease epidemics) requires a strong and rapid emergency communication system among public health organizations, emergency care providers, public safety agencies, medical care providers, and many others.

5. There are basic principles of communication that are particularly relevant to public health practice. They include: keep messages and language simple, ensure cultural competency, strike while the iron is hot, and use multiple communication channels.

First we look at keeping messages and language simple. In general, complexity will only obscure the central message and important supporting points may be missed. Simple and short messages in plain language are more memorable and easily understood. One state epidemiologist, in describing an outbreak of a fecal-orally transmitted disease, used the term "poop" in numerous television and radio interviews. This may not have sounded scholarly, but it communicated the message very effectively. We must remember that in developing written materials that almost half of the population reads at very basic levels—approximately eighth grade or below. There are tools within Microsoft Word that can help you assess the reading level of your text.

We want also want to ensure cultural competency in public health communications. Conceptually, cultural competence is expressed by communicating acceptance, deep understanding, and responsiveness to the needs and concerns of members of special populations.

You may have heard the expression “strike while the iron is hot.” Sometimes, timing is everything in effective communication. For example, during the 1996 outbreak of bovine spongiform encephalopathy, otherwise known as “mad cow” disease, Hawaiian health officials staved off cuts to the state laboratory by emphasizing the need for strong laboratory capacity to detect emerging pathogens such as those causing “mad cow” disease.

The final key principle of effective communication is using multiple communication channels. Studies indicate that messages provided in multiple ways (e.g., radio, television, newspapers) are more likely to be remembered than those provided through a single medium. Studies indicate that people retain 20 percent of what they read; however, if they read and hear the same message, they retain 65 percent of the message.

6. Regarding culturally appropriate communication discussed on the previous slide, in “The Future of the Public’s Health in the 21st Century” the IOM, recommended that “communication must be culturally appropriate and suitable for the literacy levels of the communities they serve.”
Purnell’s Model of Cultural Competence is a good framework to think about the concepts of cultural competence. He provides 12 domains, but I will present a few to give you examples. The first domain in his model is knowledge of the person’s primary language and dialect, which addresses the potential need for translation and interpreter services. Cultural communication patterns include the person’s verbal and nonverbal communication, the person’s willingness to share feelings, the permission of touch, boundaries of personal space, the use of gestures, facial expressions, the permissibility of eye contact, and preferred greetings. Another interesting domains is nutrition which includes having adequate food; the meaning of food; food choices, rituals, and taboos; and how food and food substances are used during illness and for health promotion and wellness.

7. Now we take a look at the channels of communication. The practice of public health offers a variety of ways to communicate information, and these various mechanisms of communicating information are called channels of communication. What is a channel of communication? A channel defines the route or method by which communication occurs.

The choice of an appropriate channel depends both on content and on the audience. Certain audiences prefer certain communication channels. For example, adolescents and young adults may be more receptive to short, visually oriented messages. In contrast, technical audiences may prefer written documents with oral explanation available.

A channel of communication can be in writing (e.g. poster, press release, newsletter, or scientific manuscript), by verbal means (e.g., news conference, radio interview, or conference call), or by internet based technology (e.g. web, email, social media).

8. Channels can be used to receive information as well as to transmit information. Town hall meetings, advisory groups, focus groups, customer satisfaction surveys or complaints, and healthcare provider notifications are means to gather information. Receiving useful information from a number of sources is often as critical as sending information.

9. Now we want to discuss Information Technology and Communicating within Public Health practice. Information technology, particularly email and web applications, has assisted greatly in sharing information among and within organizations. Here is an example of how information technology has assisted in sharing information among and within organizations. Epidemic Information Exchange, Epi-X, is a web-based communication system operated through the Centers for Disease Control and Prevention (www.cdc.gov/epix) that allows public health officials at the local, state, and federal levels to quickly and securely communicate with each other about disease outbreaks or other health concerns, particularly those that have the potential to affect more than one community.

Social networking via the internet has become an important communication channel in recent years. For example, the CDC carries a variety of Twitter handles for
communicating about topics such as the flu and emergency preparedness. For example, tweets from CDC Emergency Preparedness and Response Twitter handle (@CDCemergency) aims to “increase the nation's ability to prepare for and respond to public health emergencies,” and has 1.4 million followers. The CDC also uses FaceBook and Flickr.

The Centers for Disease Control and Prevention (CDC)’s Public Health Information Network (PHIN) is a national initiative to increase the capacity of public health agencies to electronically exchange data and information across organizations and jurisdictions. For example, clinical care providers send immunization data to public health agencies, county public health agencies share epidemiological data with state public health departments, and state public health departments share program spending information with federal agencies. The mission of PHIN is to establish standards that facilitate efficient public health information collaboration among in public health.

10. Another important component of public health communication is health literacy. The leading barrier to effective health communication is inadequate health literacy. In fact, the Office of the Surgeon General has identified improving health literacy as one of seven public health priorities. The Healthy People 2010’s definition of health literacy is: “the degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate decisions.”

11. In 2004, the Institute of Medicine report, “Health Literacy: A Prescription to End Confusion,” identified that 90 million Americans were at risk for inadequate health literacy. They are unable to read complex texts, including many health-related materials. Causes of poor health literacy include language & cultural variation, technological complexity in health care, and the intricate administrative documents and requirements.

For example, the Hmong people, an ethnic group in Southeast Asia, have no word for cancer, or even the concept of the disease. “We’re going to put a fire in you,” is how one inexperienced interpreter tried to explain radiation treatment to the patient, who as a result, refused treatment (Morse A. 2003. Language Access: Helping Non-English Speakers Navigate Health and Human Services. National Conference of State Legislature’s Children’s Policy Initiative).

Another example, from Morgan Spurlock’s film, SuperSize Me!, dramaticizes the perils of fast food and high calorie intake. In this fascinating documentary, he shows that most people don’t know what the term calorie means. (One person answered, “Uh. It’s on the side of a cereal box?”) Finally, the term was defined by Marion Nestle, a Ph.D. in molecular biology and an M.P.H. in public health nutrition. Years later, the Affordable Care Act provision required has chain restaurants to post caloric totals on their menus. But wait! If we have poor health literacy, will the posted calories help reduce the obesity epidemic in the U.S.?

In another example, this one from the IOM’s Health Literacy report, a 29-year-old woman with three days of abdominal pain and fever was brought to an emergency
department by her family. After a brief evaluation she was told that she would need an exploratory laparotomy (a surgical method for diagnosis of severe pain). She became angry. She refused to consent to any procedures and demanded to have her family take her home. She yelled “I came here in pain and all you want is to do is an exploratory on me! You will not make me a guinea pig!” Sadly, she later died of appendicitis.

12. The 2004 IOM report mentioned above, “Health Literacy: A Prescription to End Confusion,” uses the Healthy People 2010 definition for health literacy. The noted that the health care system, public health, schools, health consumers and the media are all responsible to improve health literacy. Improving health literacy will improve the quality of life, to reduce disparities in health outcomes, and to reduce health care costs in the United States.

What methods should we use? The IOM report recommends developing uniform standards for addressing health literacy, such as integrating into all health information the languages and perspectives from various cultural groups and non-English-speaking peoples. Also, health professionals should communicate at appropriate level for audience. For example, public health alerts - vital to the health of the nation – should be presented in everyday terms so that people can take needed action. Also, health practitioners should communicate clearly during all interactions with their patients, using everyday vocabulary. Finally, health education should be incorporated into primary schools.

13. It is also important to pay attention to your target audience. One of the most critical factors in effective communication is developing an understanding of whom you are trying to communicate. Although this seems like a simple principle, it is violated on almost a daily basis in the field of public health. All too frequently, one-size-fits-all messages are crafted for broad delivery to the public. Thinking of the general public as an audience may make sense conceptually, but it makes little sense for many communication strategies.

Audience segmentation involves breaking a larger group into smaller, more homogeneous audiences and targeting those audiences with appropriate messages, using appropriate channels. Segmentation avoids sending the same message through the same channel to a large heterogeneous group, resulting in inefficiency and suboptimal communication.

As in business marketing, customizing communication strategies to smaller subgroups (i.e., audience segments) of a larger population often pays dividends in terms of information dissemination. Audiences tend to vary by factors (e.g., race/ethnicity, socioeconomic status, age, and educational level) that will affect communication effectiveness.

14. Examples of potential public health target audiences include health care providers, women of childbearing age, older adults, individuals with disabilities, monolingual individuals, policy makers, other public health practitioners, and the media.
15. Here is a good example. In developing its tobacco prevention campaign, the Arizona Department of Health Services used focus groups to gather information from adolescents regarding potentially effective media messages targeted at teens. The result was a media campaign that led to a 96 percent statewide prompted recollection among adolescents of the campaign slogan: “Tobacco: tumor-causing, teeth staining, smelly, puking, habit.”

16. Here’s another example of targeting to fans of popular culture – this one from the CDC – the Preparing for the Zombie Apocalypse. This campaign instructs people how to make an emergency plan in case of the zombie apocalypse. According to the site, preparation “includes where you would go and who you would call if zombies started appearing outside your door step.” Other features of this campaign include “Teachable Moments – Courtesy of The Walking Dead on AMC” that has helpful zombie survival tips, such as “Rule #3 – Clean water is zombie-free water.” This is all in good fun, but serves a purpose. As the Director of the CDC’s Office of Public Health Preparedness and Response, Dr. Ali Khan, notes, “If you are generally well equipped to deal with a zombie apocalypse you will be prepared for a hurricane, pandemic, earthquake, or terrorist attack.”

17. Community Meetings. A very important key to a successful community meeting is to ensure that the process has objectives and a specific target audience. Select a time, date, and meeting location consistent with the meeting objectives and the audience. Public hearings often exclude people who work during normal business hours.

You need to notify target audiences of the meeting or hearing through appropriate, multiple media. Notification should include this basic information: who the meeting affects and why; purpose of the meeting; what is likely to result from the meeting; date and time of the meeting, and the meeting location along with directions to the site.

Prepare the meeting site. Make sure the meeting site is ready; and select an alternate location in case the audience is too large or small, or in the case of sound, lighting, or other problems.

Use a carefully planned agenda; this ensures that the meeting does not exceed available time or attention span and also that certain information is provided before deliberations begin.

Clarify meeting ground rules. This includes issues such as time limits for speakers and acceptability of written transcripts in testimony.

Finally, follow through after a meeting to ensure that results and feedback are forthcoming. Important steps include scrutinizing the minutes or transcripts to identify promises, requests, or issues that require follow-up.

18. One aspect of communication that is vitally important to understand is that of media relations. Media relationships can be especially helpful in advancing population-wide
health promotion and disease prevention interventions. Let’s look at some of the tools that may be used in media relations.

A press release is an excellent tool and can be published in newspapers, television and radio. Writing a successful press release requires one to write in clear, simple language, avoid technical complexities, medical terminology, and bureaucratic jargon. To get noticed, include a headline and lead paragraph that grab the attention of a harried assignment editor or reporter. See the University of Kansas’s [Community Tool Box](#) for more press release tips.

Another tool is the press conference. Press conferences involve in-person interviews, usually with multiple reporters representing multiple media agencies. If planned and conducted properly, press conferences can prove extremely useful. Press conferences typically achieve much broader coverage than press releases because they offer television reporters an interesting and relevant visual setting. Press conferences are also commonly used to educate the public about a potential immediate health threat.

Another tool in media relations is the one-on-one interview. Reporters often initiate contact with a public health agency, requesting information at for a particular story.

There are a number of media interaction guidelines that you would want to take seriously. First, it is paramount that you provide complete and accurate information to the best of your ability. Answer questions fully and offer to provide copies of relevant documents. Tell the whole story.

Next, you want to be well prepared. You should never risk being ill-prepared in an interview with the news media. If a reporter calls, interview the reporter— for example ask what the story is about, who else has been interviewed, what other sources are being used. If you are not prepared or are caught off guard, buy yourself some time—even if it is just five minutes—by saying you need to pull a file or obtain relevant information and will call him or her right back.

Always be prompt. Remember that reporters operate under strict deadlines. Return their phone calls as soon as possible.

Finally, do not use words or phrases that make you appear to be uncertain about the topic. Don’t use terms such as “apparently,” “it seems,” or “to the best of my knowledge.” You should project confidence.

19. A very important aspect in public health practice is communicating with policy makers, such as legislators, their staff, and regulators. Positive and productive communication with policy makers can reap great benefits for public health practitioners. Here are some tips:

- Simplify the message – overly technical content does not communicate to the legislative generalist
• Communicate your agency’s agenda often
• Use phone calls, personal visits, newsletters, email updates, ceremonies
• Attend important events that have public health ramifications
• Provide reports of how citizen complaints have been handled
• Put a personal face on issues to make sure they understand how their constituents are impacted by health policy. Personal stories should be culled from successful population-based program activities.

20. Communication is perhaps most important during times of public health emergencies. You should execute a solid communication plan. The communication plan should point out with whom will you need to communicate? How will you do so? Where will you meet with them? How often? For example, if the emergency is likely to last more than one day, establish a set time to update the media on a daily basis or more often if needed.

Also, be the first source of information with a simple message. The first message heard is the one that usually receives the most attention and is the one that is remembered, often even if incorrect. The message should provide action steps that provide the public with something to do, thereby alleviating anxiety and hopelessness. For example, ask people to check on their neighbors or donate blood. Simple instructions should be positive (“Stay calm” or “Stay indoors”) rather than negative (“Don’t panic” or “Don’t go outside”).

Express empathy early. A sincere expression of empathy early in your communication will allow people to settle down the noise in their minds and actually hear what you have to say.

Demonstrate competence and expertise. People will respond more positively to the message if they trust the spokesperson’s credibility.

Remain honest and open. Provide information about what you know, but be honest about what you do not know.

21. The National Public Health Information Coalition is an independent network of public affairs officials (a.k.a., director of the communications). Members of the association attend annual conferences, and hold bi-weekly conference calls with the CDC and NPHIC on such topics as pandemic flu preparedness, H1N1, New Media, Health Literacy, Immunization, etc. Each member receives a copy of “The Media and You,” a survival guide for public health communication directors. There are other resources available, such as press releases templates, model emergency communications plans, and model targeted communications for use by public health professionals.

22. Also, there are several useful guides that explore this field in greater depth including the Centers for Disease Control and Prevention’s (CDC) “Crisis and Emergency Risk Communication by Leaders for Leaders” and the Department of Health and Human Service’s “Terrorism and Other Public Health Emergencies: A Reference Guide for Media.”
23. This concludes the lecture on Communication in Public Health. The following questions are some that you will be expected to know:

1. Name six categories of intended outcomes of effective public health communications.
2. Explain why timing is important in effective public health communications.
3. Describe your preferred channel of communication for receiving public health information. Explain why this is effective for your “type” of targeted audience.
4. What is the leading barrier to effective health communication?
5. Explain how you would handle an interaction with a reporter interviewing you about an infectious disease outbreak.

Thank you for watching and listening.