

15-08

STATEMENT OF POLICY

Risk Communication Capacity

Policy

The National Association of County and City Health Officials (NACCHO) supports building and enhancing risk communication capacity for local health departments. Risk communication protects the public's health in high-risk situations through a multidisciplinary, multidimensional approach. NACCHO endorses the training of communications staff, as well as allocation of time, resources, and staff to ensure risk communication capabilities and capacity are adequate to protect the health of all community members during public health emergencies. NACCHO recommends the following:

- Local health departments should prioritize risk communications capacity. Local health departments should have the capacity for effective risk communications to best protect the communities they serve. Even when plagued by funding constraints, local health department leadership should develop sufficient capacity to sustain risk communications efforts.
- Local health departments should have trained and experienced communications professionals on staff. Each local health department should have at least one designated communicator with training, such as the Crisis & Emergency Risk Communication training provided by the Centers for Disease Control and Prevention (CDC), and prior communications experience. Ideally, the designated communicator's sole responsibility would be communications to build sustained relationships with the community and the media. However, the size of a local health department's communications team should reflect the needs of the community. Therefore, in certain situations, local health departments may have a designated communicator who has responsibilities outside of his or her communications role. At a minimum, communications staff should have training and expertise in (1) knowledge of risk communication principles and best practices; (2) the ability to work with the media, both as a spokesperson and to train other staff to act as spokespersons; (3) knowledge of best practices in health marketing and health promotion to encourage adoption of healthy behaviors; and (4) the ability to use and develop messages for public communication channels such as websites, social media, triage hotlines, and more.
- Local health departments should consider the CDC's Public Health Emergency Preparedness (PHEP) Capability 4: Emergency Public Information and Warning as a minimum standard for risk communication capacity. Local health departments should be able to perform the following functions designated by Capability 4: (1) activating an emergency public health information system; (2) determining the need for a joint public information system; (3) establishing and participating in information system operations; (4) establishing avenues for public interaction and information exchange; and (5) issuing public information, alerts, warnings, and notifications.¹



- Local health departments should consult the CDC’s Public Health Emergency Preparedness (PHEP) Capability 6: Information Sharing for fundamental internal communication competency to disseminate a unified message to the public. Coordination of responding agencies and partners is necessary to effective risk communication. Local health departments should be able to perform the following functions designated by Capability 6: (1) identify stakeholders to incorporate into information flow; (2) identify and develop rules and data elements for sharing; (3) exchange information to determine a common operating picture. ¹
- Local health departments should develop a streamlined, cohesive, and internally coordinated approach to communicating with the public. During public health emergencies, local health departments should identify a preexisting organizational structure for risk communications in which each staff member clearly understands their role in response efforts. Public communications should be delivered using cohesive and consistent messaging, format, and tone. An organizational structure to release coordinated and uniform communications to the public is essential to effectively conveying risk information, controlling rumors, and reducing public confusion.
- Local health departments should take a whole community approach to risk communication. In order to ensure that local health departments are reaching all populations within their communities, including vulnerable populations, communications staff should be proficient in cultural competencies and specific protocols to reach a variety of populations.

Justification

Risk Communication is the dynamic, interactive process of sharing information strategically and effectively about an issue of high concern to help people cope, make informed decisions, and understand sensitive issues before, during, and after disasters and health emergencies. According to the Institute of Medicine, emergency communications “should assume a central role from the start.”² Through effective risk communication, local health departments can protect their communities and develop lasting relationships built on trust. Additionally, risk communication is integral to developing resilient communities and sustainable response systems.² Therefore, local health department leadership should prioritize building risk communications capacity.

In the face of budget constraints and recent funding cuts, risk communication is often considered a low priority,³ resulting in a lack of sufficient communications capacity to meet the needs of communities. NACCHO’s *2013 National Profile of Local Health Departments* indicates that 41% of local health departments were subject to a workforce reduction.⁴ With less than 20% of the nation’s 2,800 local health departments employing a full-time communications professional, it is likely that risk communications activities fall to a staff person whose primary responsibility is not communications or that communications staff are shared among several local municipal entities. Local health departments must have at least one staff person who is trained and experienced in delivering timely information during a public health emergency. LHDs may also need additional staff and resources to ensure sustainable risk communications surge capacity in the event of a public health emergency. Federal, state, and/or local funding should be allocated for risk communication capacity.

Findings from emergency preparedness exercises indicate that local health departments need to strengthen their risk communication capabilities.⁵ Local health departments should consider PHEP Capability 4: Emergency Public Information and Warning as a minimum guideline and ensure they have the capacity to fulfill these capabilities. Additionally, local health departments should look to PHEP Capability 6: Information Sharing as a standard for internal communications. Strengthening and coordinating internal response capabilities will assist in developing and delivering a unified message to the public. To this end, the CDC has determined that local health department preparedness is strengthened by identifying standardized protocols for sharing information with stakeholders and for developing and disseminating messages to the public prior to an emergency.⁶

Local health departments experience continued gaps in risk communication capacity. Studies suggest that the public's rate of information reception is relatively low, and information dissemination is not uniform among social groups.⁷⁻⁹ Consequently, local health departments should consider the diversity of their communities and pay particular attention to reaching vulnerable populations.⁵ Communications specialists should be trained in best practices for reaching these individuals.

The Equal Protection Clause of the Fourteenth Amendment, Title VI of the Civil Rights Act of 1964, the Americans with Disabilities Act, and the Rehabilitation Act of 1973 require, respectively, non-discriminatory practices and the use of appropriate accommodations to reach individuals with disabilities. The Robert T. Stafford Disaster Relief and Emergency Assistance Act requires that relief and assistance activities must be accomplished in a non-discriminatory manner with regards to "race, color, religion, nationality, sex, age, disability, English proficiency, or economic status."^{10, 11} Furthermore, PHEP Capability 4 underscores the need for local health departments to pre-identify processes and protocols for developing materials for populations with limited English proficiency, low literacy levels, visual or hearing impairments, and for rural, isolated, and at-risk populations.¹²

Local health departments rely on traditional modes of communication, such as automated phone calling, e-mail alerts, and broadcast fax to reach the public.¹³ However, local health departments should also use social media to transmit information. Local health departments should have the capacity to engage the public through traditional forms of communications such as the media, press releases, and online components, but also to use pre-established social media accounts as the public increasingly relies on social media as a source of information. Moreover, social media is amenable to key risk communication strategies.¹⁴

Risk communication is a vital task for local health departments. The development of risk communications capacity is essential in order to effectively reach a variety of populations and mitigate public confusion and fear. In building their risk communications capacity, local health departments can develop sustained relationships and better protect their communities through broader distribution of critical information.

References

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Record of Action

Proposed by NACCHO Risk Communication and Information Sharing Workgroup

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