Health Department Communication Procedures

Kentucky Public Health Leadership Institute Scholars:

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EXECUTIVE SUMMARY:

Effective external communications in any organization are essential to public understanding of the role and value of that organization within the community. Organizations may believe they are communicating effectively, but how do they measure the success of their communication efforts? Do organizations follow written guidelines developed and implemented to address communications or are they simply assuming what they are conveying to the public is working effectively? Effective communications, as well as the measurement of the communication initiatives, are crucial elements for the ultimate goal of improving the health of the public.

The CommuniCATS team set their project goal to address the question, "Despite the benefits of written communication procedures, why is implementation not universal?" Utilizing the systems thinking approach and mental models concepts learned throughout the Kentucky Public Health Leadership Institute (KPHLI) experience, the team realized that we must not make assumptions regarding communication efforts. We sought input from fellow KPHLI scholars, mentors, and the program director during the first KPHLI Summit to create an affinity diagram which was used to develop a fishbone diagram. These tools enabled a better understanding of the causes of why implementation of written communication procedures is not universal. Based on this feedback, our team could say with confidence, that communication efforts are undeniably a critical issue for local health departments (LHDs).

Seeking input from the primary stakeholders who strongly influence implementation of communication efforts, a twenty-five question survey was created and administered to the 61 health department directors across the state of Kentucky to gather detailed input on communication efforts within their health departments. The CommuniCATS team utilized their responses when developing our project's main deliverable, a written communication procedures template. The intent of the template is to initiate discussions among LHDs' staff to understand the importance of implementing written communication procedures at their health department. The template is intended to serve as a guiding document for LHDs when developing their own written communication procedures. The CommuniCATS strongly iterate the fact that this template is not a "one-size" fits all document, but rather a document that can be tailored to fit the particular needs of each individual health department's communication efforts.

INTRODUCTION/BACKGROUND:

Public health professionals and practitioners are often asked "What is public health?" Opening the conversation into a varied explanation of what public health is, public health professionals cannot simply state the fact that they work diligently to prevent diseases from spreading, promote healthy lifestyle behaviors, and protect the environment from emergencies, as that would be underestimating the power of public health, while still leaving room for uncertainty. Since public health covers a broad range of facets, from environmental health to community

health, immunizations and epidemiology, defining public health has been a rather difficult task to convey to the public. As public health professionals, we must ask ourselves if we are effectively communicating who we are, what we do and our value to the public.

According to Parrott (1), health communication was allocated a chapter in the United States of America Healthy People 2010 objectives for the first time, exemplifying its emerging importance in public health. In these objectives, set by the United States Department of Health and Human Services, health communication is seen to have relevance for virtually every facet of health and well-being, including disease prevention, health promotion and quality of life. Given the global challenges posed by major public health threats, health communication scholars and practitioners recognize the importance of prevention, now more than ever (2). Furthermore, it is reasonable to expect discrepancies between communication messages disseminated and received. They arise not only due to differential exposure to the message but also because of the differences in interpretation in decoding information (3). Posing the question, are we as public health professionals conveying our messages as we intended them to be received?

Although there is a growing demand for health communication, implementation of communication is not universal. Based on our KPHLI affinity diagram, major barriers to implementing written communication procedures includes: staff knowledge, leadership making communication a priority, lack of funding, disconnect between state and local health departments, and limited resources. Taking these barriers into consideration, the task of the CommuniCATS team was to create written communication procedures that can be tailored to individual health department's to help foster the implementation of written communication procedures.

Problem Statement:
Why despite the benefits of written communication procedures is implementation not universal?

Public Health Communications Behavior Over Time Graph
As the first of our planning tools, Figure 1 represents our team's initial depiction of Public Health Communications Behavior over time.   This graph represents the basis for project determination and a starting point for our research and investigation into communication efforts within public health. The following points are noteworthy:
- **Funding** continues to decline. One of the most significant changes in public health at this time began with the introduction of the Affordable Care Act (ACA). The reduction in uninsured rates (a positive public change) has resulted in a decline in funding for public health; funding that was previously earmarked for clinical public health services

has been redirected to other sources to assist in funding the changes necessary for ACA implementation.

- **Public Health Risks** are increasing. Kentucky leads the nation in obesity, cancer deaths, substance abuse and Hepatitis C.

- **Available Technology** continues to increase over time. Technology is increasing at a very rapid rate, and it is important that LHDs stay abreast of changes and find ways to utilize new technologies to the benefit of organizational initiatives. Organizational goals and strategies need to address the changing challenges and risks to public health utilizing new technologies that will enable LHDs to replace traditional methods with new technological advances.

- **Current Communication Process(es)** are decreasing. Populations, once available via traditional communication methods, are now obtaining information from different sources and methods. It is important that LHDs understand and utilize the most effective communication methods to reach target audiences.

- **Public Perception of the Role of LHDs**. As the role of LHDs change, there is a need to increase our communication processes to inform the public "who we are" and "what we do". It is important that we communicate to the public that traditional programs and services are changing with the evolving landscape of Kentucky's health.

- **Working Knowledge** varies over time, but overall presents a declining slope. Again, as our roles change, the public health sector has a need to stay up-to-date with industry changes, which requires continued investment in working knowledge of new trends.
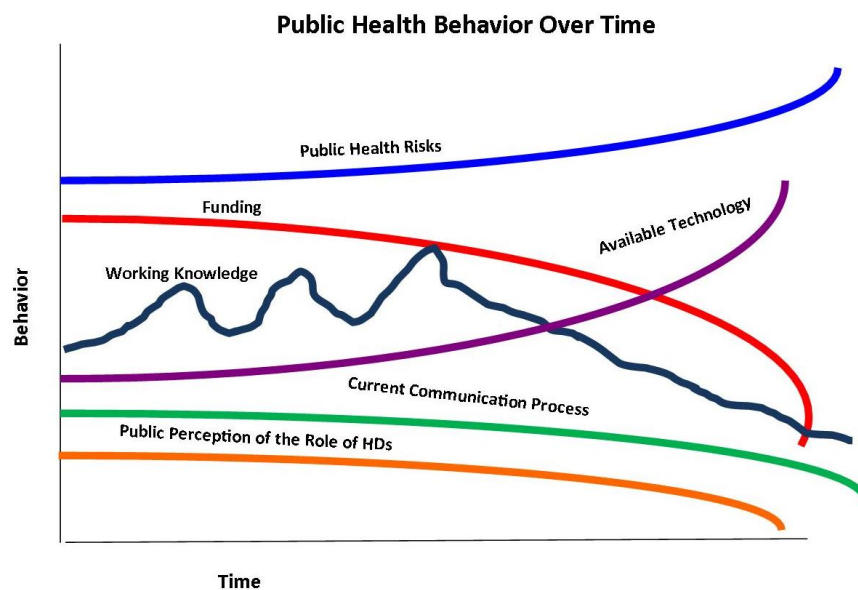
September 22, 2015

Figure 1: Public Health Behavior Over Time

Fishbone Diagram

Utilizing information obtained from the affinity diagram, a fishbone diagram (Figure 2) was developed seeking the input of all KPHLI scholars. Participants were asked to determine three causes addressing the problem statement. There were four main themes that emerged from our exercise and included:

- Resources
- Leadership
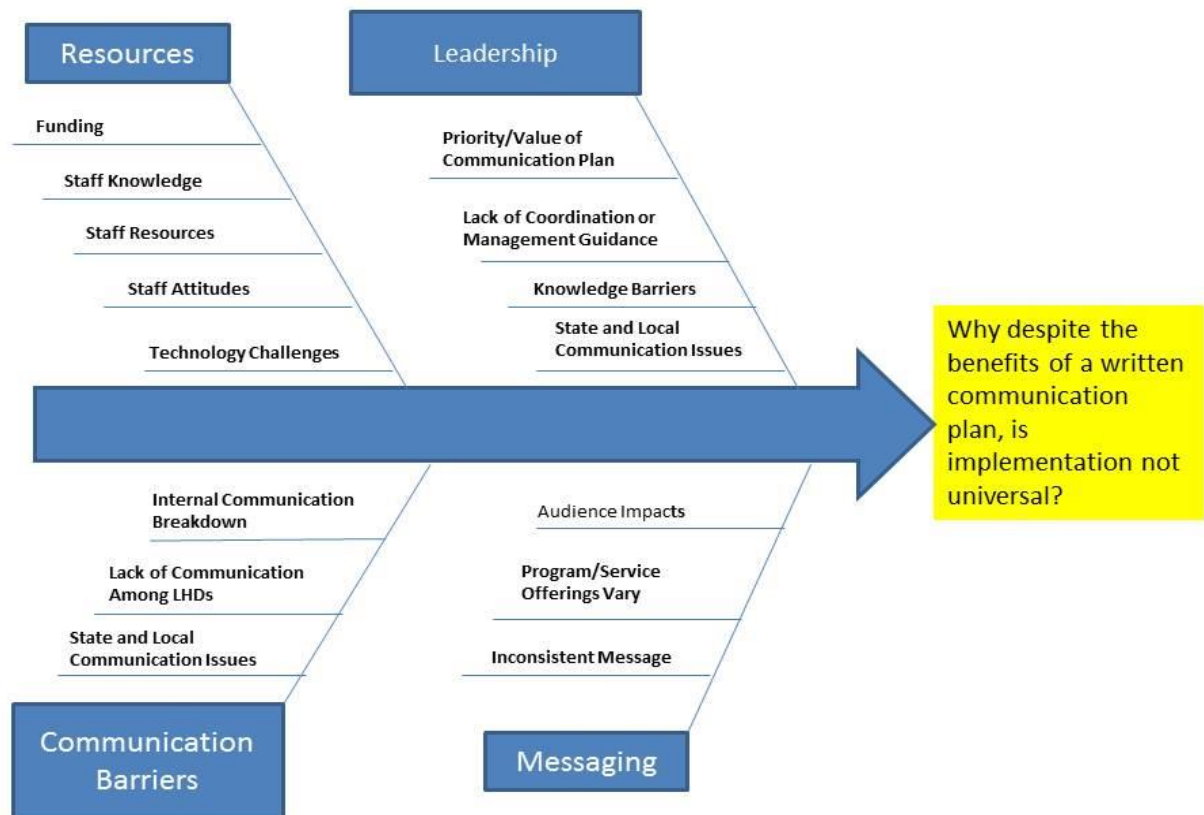- Communication Barriers
- Messaging

Figure 2: Fishbone Diagram

Causal Loop Diagram

A final tool used for understanding the interactions between causes and effects within communication efforts was the development of a causal loop diagram. This tool was used by the team to determine the interaction between the different variables present in communication effort decisions. With an end goal of "communication plan implementation" resulting in an ultimate

goal of "improving public health", the following variable interactions are shown below in Figure 3:

- Leadership is a key driving force in communication plan implementation. Leaders who value communication can positively impact funding, as well as decisions to increase organizational communications knowledge.
- Positive funding decisions can increase staffing, as well as knowledge, which can both positively impact communication plan implementation.
- Message quality and effectiveness is tightly correlated to communication knowledge. Increases in knowledge can positively impact message quality and effectiveness.
- Leaders who do not value communication can negatively impact decisions to fund communications and negatively affect communication plan implementation.
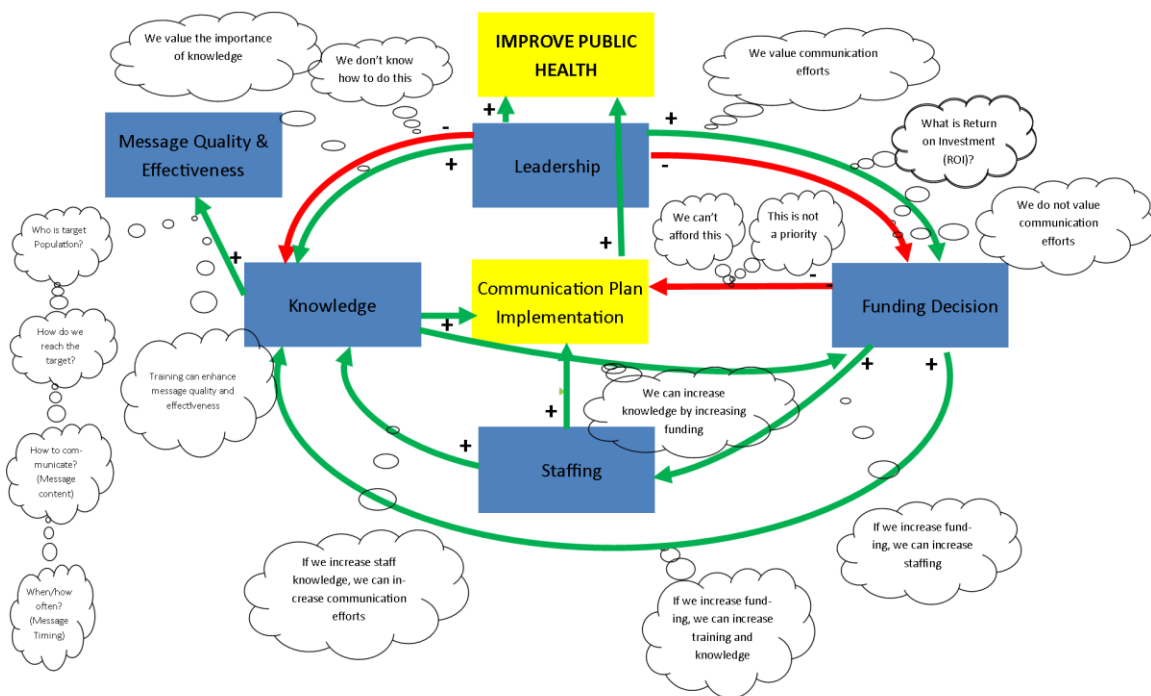

Figure 3: Causal Loop Diagram

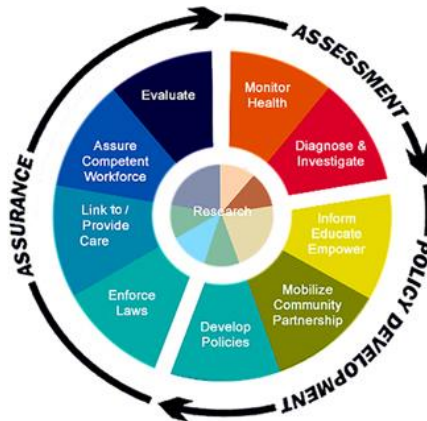*10 Essential Public Health Services/National Goals Supported:*

The Core Public Health Functions Steering Committee developed the framework for the Essential Services in 1994. The committee included representatives from United States Public Health Services agencies and other major public health organizations. The Ten Essential Services provides a foundation for any public health activity.

This change master project addresses the following Essential Public Health Services:

- #3 Inform, Educate, Empower
    - o Educate the public on programs and services
    - o Educate the public on what they can do to improve their health
    - o Challenge the public to become involved
- #4 Mobilize Community Partnership
    - o Engaging partners to become involved in communication efforts
    - o Seek their input on how to reach the public and assistance in doing so
- #5 Develop Policies
    - o Creation of written procedures that should be incorporated in to the policies and procedures of the department
- #8 Competent Workforce
    - o Improved communication efforts will require professional development which will lead to a more knowledgeable staff
- #9 Evaluate
    - o Assess the effectiveness of the communication efforts
- #10 Research
    - o Ongoing research should be completed to improve communication efforts as it relates to the best message for the targeted audience and the best method to reach them

PROJECT OBJECTIVES/DELIVERABLES

Overall Objectives

- Determine ways for LHDs to make the public aware of who they are and what services they provide.
- Provide a tool for LHDs to enhance their communication efforts, so as to positively impact the health of the community.
- Provide guidelines that will help LHDs develop written communication procedures that will address the Public Health Accreditation Board Standards and Measures. (3.2.2 and 3.2.3)

Descriptions

The CommuniCATS team set their project goal to address the question, "Despite the benefits of written communication procedures, why is implementation not universal?" Utilizing the systems thinking approach and mental models concepts learned throughout the Kentucky Public Health Leadership Institute (KPHLI) experience, the team realized that we must not make assumptions regarding communication efforts. We sought input from the fellow KPHLI scholars, mentors, and program director during the first KPHLI Summit to create an affinity diagram which was used to develop a fishbone diagram. These tools enabled a better understanding of the causes of why implementation of written communication procedures is not universal.

Seeking input from the primary stakeholders who strongly influence implementation of communication efforts, a twenty-five question survey was created and administered to the 61 health department directors across the state of Kentucky to gather detailed input on communication efforts within their health departments. The CommuniCATS team utilized their responses when developing our project's main deliverable, a written communication procedures template. The intent of the template is to initiate discussions among LHDs' staff to understand the importance of implementing written communication procedures at their health department. The template is intended to serve as a guiding document for LHDs when developing their own written communication procedures. The CommuniCATS strongly iterate the fact that this template is not a "one-size" fits all document, but rather a document that can be tailored to fit the particular needs of each individual health department's communication efforts.

Team members, Gary Faulkner and Jonathan Vorbeck reviewed the team's work and the resulting written procedures guidelines with the LHDs directors attending the Kentucky Health Department Association's fall retreat on October 14, 2015 and with the LHDs accreditation coordinators attending the accreditation coordinators workgroup on October 15th. Each group completed a five-question survey.

Deliverables

The team produced the Health Department Written Procedures document as a tool for LHDs to use in drafting written communication procedures. The template includes the following sections:

- Communication 101 – This section provides the basic elements of any communication initiative.
- Communication Efforts – This is a section that provides guidance on what needs to be addressed when developing communication efforts.
- Appendices
  - Public Health Communication Resources – This section provides a list of Internet links that an individual involved in developing communications may use as a foundation for what to consider when producing the LHDs' messages
  - Media and Key Stakeholder Contact List – This template contains the key elements of information that should be maintained for the media and stakeholders.
  - Event/Communication Strategy After Action Report – This is a template for the evaluation of a communication initiative. It provides a sample process for assessing the communication efforts following the implementation of the communication strategy.
  - Glossary of Public Health Communication Terms – The glossary is provided to assist readers with an understanding of common terms the team encountered in this project.

METHODLOLGY

After initial determination of the problem statement and underlying causes, our efforts involved seeking information from public health directors, researching communication and drafting a written procedures template.

The following outlines the steps taken in our project:

- Development of Change Master Project Problem Statement
- Behavior Over Time chart was created.
- Fishbone diagram was developed.
- Affinity diagram was developed.
- Research and Development involved the following activities:
  - Survey - The CommuniCATS group of KPHLI conducted a survey for the purpose of assessing communication efforts within LHDs in the state of Kentucky. Our problem statement, "Why despite the benefits of a written communication plan, is implementation not universal?" drove our efforts to seek information from the directors or public information officers (PIOs) of Kentucky LHDs. *Note: Some directors forwarded the survey to the PIO to complete.* The survey request was sent on May 2015. Results of data cleaning yielded 27 completed surveys and all subsequent reporting facts are based on 27 respondents.
  - Survey Data Analysis - The team analyzed the survey results.

- o Causal Loop
- o Effective Communication
- o LHDs Document Collection
    - ▪ PIO Job Description
    - ▪ Communication Procedures
- Template Development - Based on survey results and using a multitude of resources, the CommuniCATS created a Written Communication Procedures that may be used to assist LHDs with the creation and implementation of a communication effort for their organization, but also allows LHDs to meet the requirements of PHAB accreditation Standards and Measures V1.5, if desired.

- Presentation and Feedback – The team received feedback on its findings and draft Written Procedures via the following venues:
    - o Summit II – an overview of the project and our findings
    - o KDHA Retreat – an overview of the team's findings and draft procedures was presented to the LHDs directors and the accreditation coordinators and a brief survey was administered to each group.
- Finalize Template and Master Change Project Report

RESULTS

The survey findings indicate that:

- Respondents indicated that just over half have a written communication plan, policy or strategy:
    - o 52% of LHDs respondents HAVE a written communication plan, policy or strategy
    - o 48% of LHDs respondents DO NOT HAVE a written communication plan, policy or strategy
    - o The data indicates almost unanimously that LHDs with communication efforts find that the efforts are a benefit to their organization, and likewise, those LHDs without a communication effort believe that a plan, policy or strategy would benefit their organization.
- The largest barriers to implementation of communication efforts were:
    - o Funding (74.1%)
    - o Staff resources (63.0%)
- Designated Staff Member for Communication Efforts:
    - o While 3 in 4 LHDs do have a designated staff member for their communication efforts, very few have designated the communications effort as a primary responsibility or job role of the staff member.

- Only 22.2% of respondents indicate that the role of communications is a staff member's primary responsibility; more often it is just one of many roles of that staff member.
- It is interesting to note that while many LHDs do not have a communication plan, strategy, and/or policy in place, or a primary role for communication, more than half of the respondents believe that they are effective in their communication efforts. It is not surprising that those with communication plans, policies or strategies in place were more positive (2x more "good" responses) about the effectiveness of their communication efforts.
- Communication efforts seem to be changing with the times.
  - With the exception of printed materials, the electronic communication methods are used most frequently on a daily basis and include LHDs websites, Facebook, Twitter, email and text messaging.
  - More traditional communication methods are used less frequently and include press releases, letters to the editor, commentaries, billboards, fairs and exhibitions and outreach efforts.
  - In addition, the electronic types of communication efforts are perceived as more effective than the more traditional methods of communication.
- PHAB Awareness Requirement
  - 88% of respondents indicated that they are aware of the written communication requirements
- Utilization of Template
  - 70% would utilize a communication template

Note: The focus of our project is not for accreditation purposes, but rather to provide direction to health departments on writing and implementing written communication procedures.

The survey data suggests that LHDs with communication efforts (strategy, plan, and/or policy) have benefited from those communication efforts and feel their communication is more effective than LHDs without a communication effort in place. It also suggests that LHDs without a communication effort realize the benefits, but have faced barriers to implementation.

The second survey of the KHDA retreat and accreditation coordinators found:
- The work of the team and the written procedures were well received by both groups. The survey results from the 45 respondents were as follows:
- 82% indicated that the tool would be beneficial.
- 73% thought the tool would be utilized.
- The remaining respondents were not sure the tool would be utilized.

- All respondents agreed that leadership and communications 101 were critical to LHDs' communication efforts.

The need for LHDs to address communication was also addressed by Dr. Georgia Heise, Director of the Three Rivers District Health Department, who stated communication was a foundational capability for which specific funding was not provided during the KHDA retreat. In fact in a recent study by NACCHO, six Kentucky local health departments reported expending zero dollars on communication. A former Local Health Department Board Chair stated that the public did not know who the LHDs were and what they did. This sentiment was echoed the next day at the KHDA retreat when several legislators met with the directors attending the retreat.

CONCLUSION

The CommuniCATS team concludes that effective communications and the measurement of communication initiatives are crucial elements for the ultimate goal of improving the health of the public. LHDs leadership is a critical component of creating a culture of continuous quality improvement as it relates to communications efforts. The LHDs directors are in a position to provide the leadership necessary to provide awareness and understanding of effective communications (outlined in Communication 101), as well as develop and utilize the written communication procedures. The master change project deliverable contains Communications 101, as well as a written template for communications procedures which can serve as the guiding principles for the development of all communication initiatives for the department.

LEADERSHIP DEVELOPMENT OPPORTUNITIES

Jonathan Vorbeck

Incorporating the various lessons learned throughout the yearlong KPHLI process -- individual development tools, webinars, summits, mental mind concepts, collective impact and systems thinking--has provided me with the opportunity to grow and develop as a leader. The KPHLI experience has also allowed me to personally reflect on my role as a leader. Often times, I tend to dwell on my weaknesses and wish to improve them, but seldom do I boast on my strengths. KPHLI has taught me that it is important to acknowledge the strengths I bring to the table, as they not only illustrate my leadership skills but that they also demonstrate the attributes I provide to help make my organization better. I am very appreciative and thankful for the opportunity KPHLI has provided to allow time to reflect as an individual, team member and leader, something I will continue to utilize throughout my professional career.

Gary Faulkner

I initially pursued the opportunity to be a KPHLI scholar to expand my awareness of public health as well as my professional network. However, it was obvious early in the orientation that

I would benefit much more from my KPHLI experience. The orientation provided the first of many opportunities to see that system thinking can change my perspective on not only the public health "big picture" issues, but also on day-to-day activities in the workplace. Our "CommuniCats" team quickly realized that we are not always in control of what we are doing and do not always "see the forest for the trees". The journey to define our master change project was lengthy and at times felt very much like we were in a continuous loop. I hesitate to say a "causal" loop, but I am sure one could be done of the process of establishing our project. The opportunity to work with my team was rewarding. I especially learned from our mentor who insisted that we process our time together at the end of every meeting. She forced us to consider how we might be growing and learning from our involvement as a team. Suffice it to say, this year has been very rewarding and quite surprising for me as a new person to public health late in my career.

Debbie Young
It has definitely been a journey! The path from initial idea conception to Master Change Project was long, and at times, rocky. Our path included some unmarked trails which, once travelled, ended up circling back to the beginning of the path. However, once our team's footing was secure, this journey became, for me, one of the most valuable learning experiences within my first year of working in public health. Being new to the public health field, KPHLI provided me with essential tools needed to familiarize and navigate my path in public health. The peer/manager assessments were enlightening and the Emergenetics profile insightful (and colorful!); both providing me with insights to create an actionable Individual Development Plan (IDP) for the next year of my career. By far, the most beneficial piece of the program was working on a project with team members with different roles and from various counties and health departments. Even though distance made the face-to-face meetings difficult, the knowledge gained by working with individuals from small county LHDs, district LHDs, as well as the Kentucky Department for Public Health (DPH), provided me with perspective and experience I could not have gained outside of KPHLI.

Benita Decker
Participating in KPHLI this year has been a rewarding experience. I have learned a great deal about myself and my leadership skills through Discovery 360 Leadership Profile, the Emergenetics Profile and both of the Summits. It was good to have confirmation of my strengths and the areas where I need improvement. I learned that I do not need to be so hard on myself. I also learned valuable leadership information from the book I read, "5 Levels of Leadership".

This has been a very hectic year in my career and KPHLI has helped me navigate the waters, so to speak, as I have taken on a new position and more leadership responsibilities within my Division. Working with my team, the ComminiCATS, was rewarding. I am so often in charge of these types of groups in my personal and professional life. It was good to be a team member

and not the leader. I think our work in Public Health Communication has the potential to make an impact on many health departments and I am grateful for the process outlined through KPHLI and our final product. I am certain I will use the knowledge gained this year for the rest of my life.

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