

Web Communications by Local Health Departments

Kentucky Public Health Leadership Institute Scholars:

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EXECUTIVE SUMMARY:

The purpose and programs of many Health Departments across the country are surprisingly not well known to the public. This was the motivation for the “Gabriels” KPHLI Leadership Team to devise a plan that would assist health departments to spread the word regarding services and resources offered. We began with the general idea of getting the word out there and what a large task this could be. The idea quickly became much more focused with web media winning the spotlight. If we could assist health departments with their web-based communications by providing a tool kit to maneuver the sometimes daunting world of “the internet,” then they would be empowered to share the message of public health and the Gabriels could live with the knowledge that they had done a service to mankind. A review of Kentucky health departments identified those with existing web-based communication resources (website, Facebook page(s), Twitter feed). A survey of Kentucky health department directors further assessed their sense of website utility, public information needs, and barriers to web-based communications. Based on this data, a set of model web pages were developed into an on-line toolkit, which meets the website information requirements of the Public Health Accreditation Board and the Kentucky Public Health Administrative Reference. An introduction to web-based communications targeting public health staff and model web communications policies were developed as supplemental information to the model web pages. The entire product will be hosted on a publicly accessible website of the Kentucky Health Department Association. KHDA will assist in marketing the toolkit among members, especially those with minimal or no digital presence.

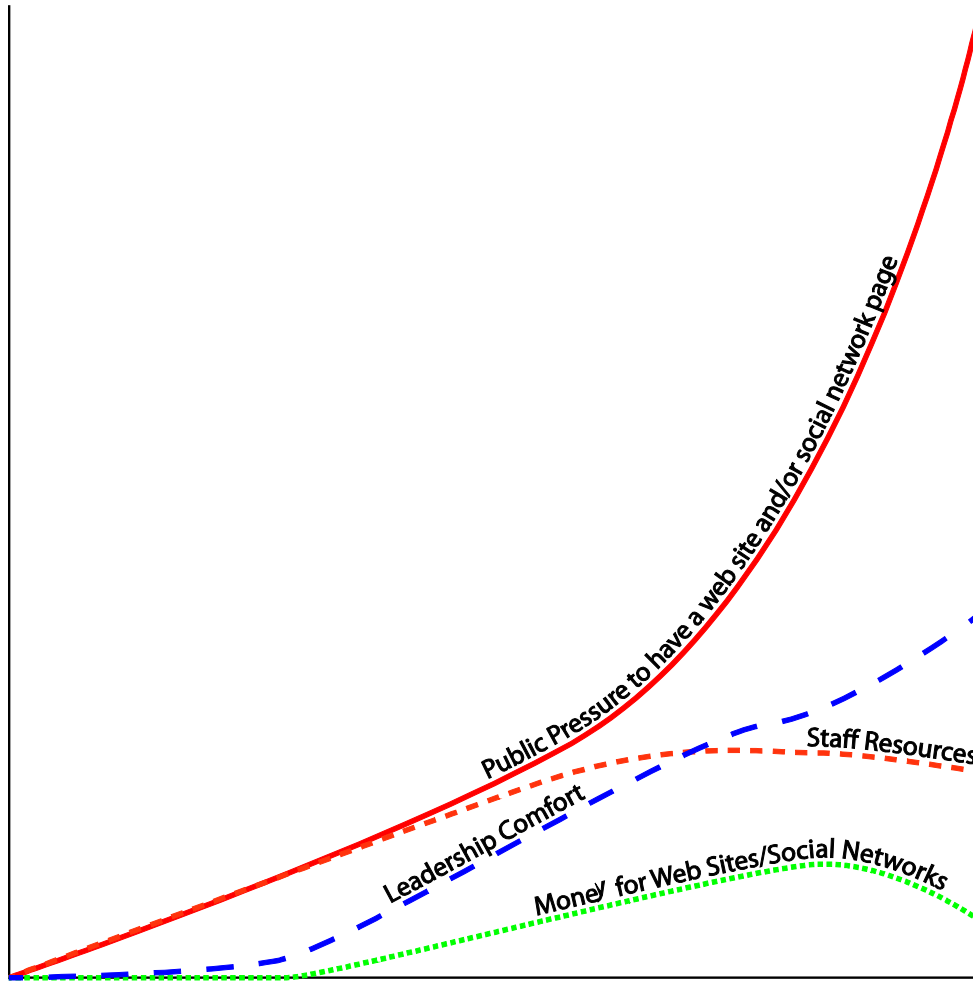
INTRODUCTION/BACKGROUND:

The Gabriels began their humble KPHLI beginnings in April of 2011 in Lexington along with many other scholars on the road to knowledge. The initial scope of the team project was to address the lack of public knowledge and appreciation of the programs and services of public health departments. This problem statement is not new to KPHLI scholars; several previous teams have developed projects to increase the visibility of public health. For this project year, several ideas were considered, especially in light of the increased need for services yet decreases in tax revenue due to the economic downturn and the approaching implementation of public health accreditation. One idea presented was to do a video with the theme “a day without your public health workers” and show how many areas of life the health department touches. This appeared to be too large a project and difficult to complete in the one year time frame. The web media idea was mentioned and from there came the process of developing our toolkit. Developing or strengthening web-based communications seemed to be an important mechanism for health departments to be able to communicate with a public increasingly dependent on the internet and mobile phones for acquiring information. Furthermore, such communications strategies can be extremely thrifty compared with traditional print advertising or phone staffing. Finally, the presence of a website is a requirement for accreditation by the Public Health Accreditation Board.

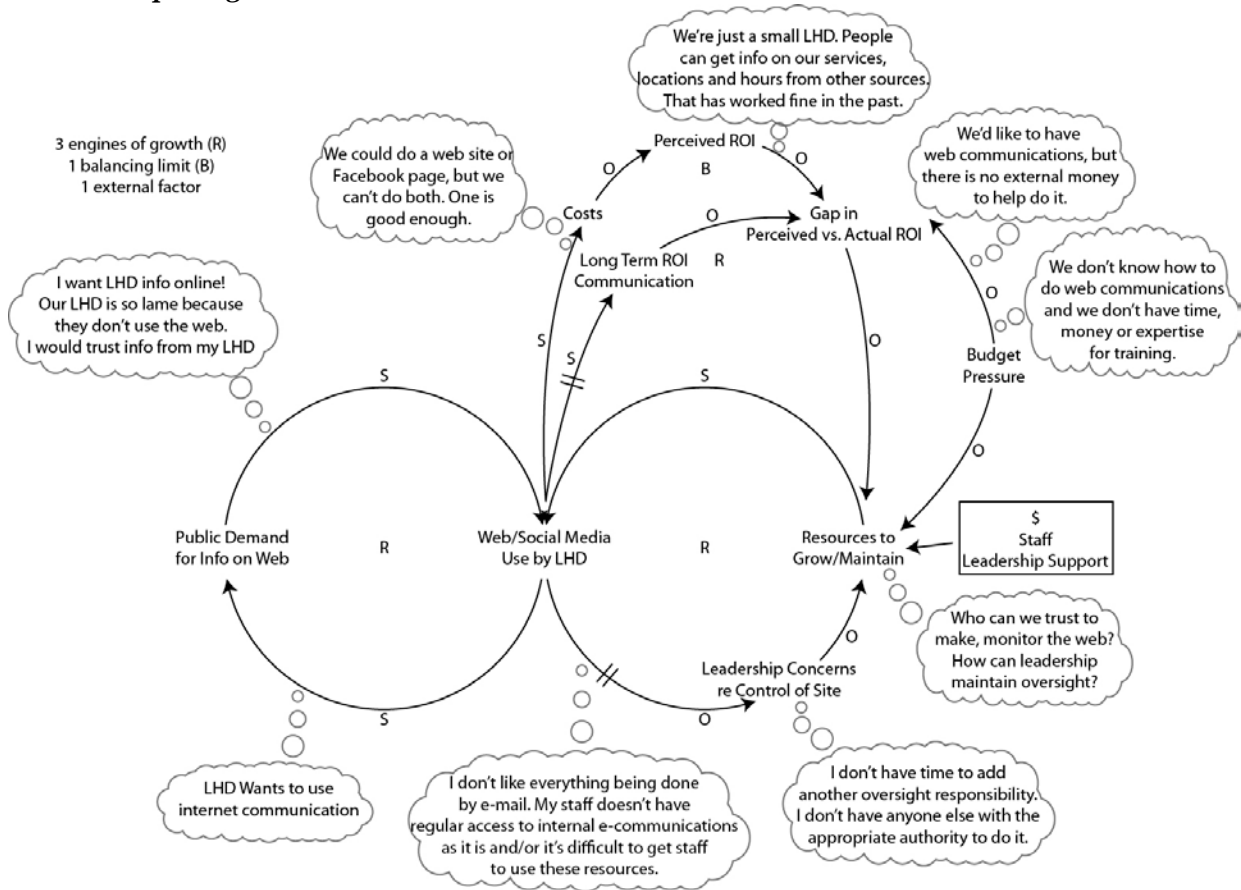
Problem Statement:

Why do health departments underutilize websites and social networks for public communication?

Behavior Over Time Graph:



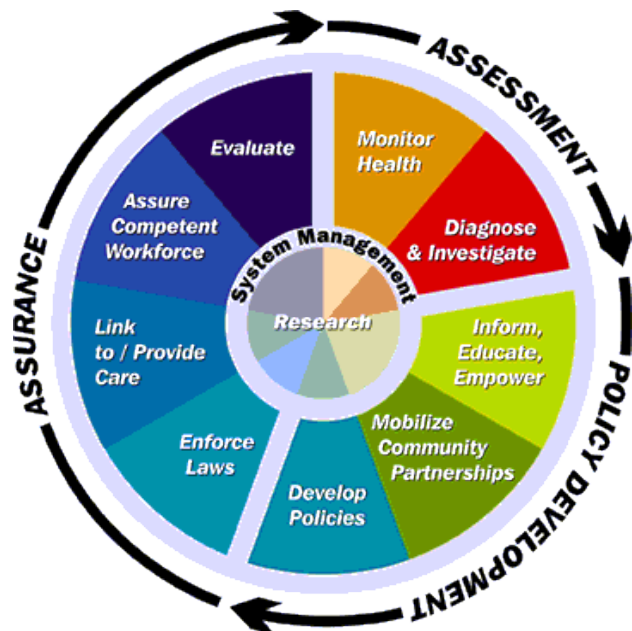
Causal Loop Diagram:



10 Essential Public Health Services/National Goals Supported:

This project supports the following essential public health services:

- 1. Essential Public Health Service #3: Inform, educate and empower people about health issues.**
- 2. Essential Public Health Service #5: Develop policies**



PROJECT OBJECTIVES AND DELIVERABLES:

Objectives:

- 1. Increase health department utilization of websites and social networks for public communication.**
- 2. Assist health departments in the setup and usage of such web media.**
- 3. Develop a toolkit that would make this process easier and less intimidating.**

Deliverables:

The Gabriels product is a toolkit that the Director or designated individual could use to setup a simple website and/or Facebook page with ease. The content would also contain background information on web-based communications, model department use/governance policies, and “how-to” instructions for editing the sample pages with the local health department’s information.

METHODOLOGY:

1. An on-line search for all Kentucky local and district health departments was accomplished to identify the presence of any kind of agency web page/website, Facebook page, or Twitter feed. Health departments were counted who had sites independent of other agencies (i.e. a department site, not simply a page on the county government site) and who could be found by searching for the name of the agency in Google and Facebook.
2. Research was done via many websites to identify policies and privacy information standards with regard to web media, especially by government agencies in Kentucky (state and local), federal government agencies, and NGOs such as NACCHO and the National Public Health Information Coalition. A review of publicly available policies identified many common elements, which were used to create a basic, relatively simple sample policy that could be used as a basis by local health departments.
3. Using research done by NACCHO on web communications by public health departments across the country, the casual loop revealed that while health departments see the need for web media, a lack of resources and knowledge could be an issue. The team conducted a survey to narrow the focus and verify assumptions that Kentucky reflected the national NACCHO data. Key stakeholders were determined and the health department Director was targeted as essential for such a project to take place within a health department. The survey

questions were developed and paper surveys were distributed at a Kentucky Public Health Director's Association meeting as well as online.

4. Content for the website template pages was developed from the outline of core public health services identified by the Kentucky Cabinet for Health Services, as well as data on "most frequently visited" web pages on existing local health department web sites. Several extant websites of Kentucky health departments were reviewed to examine how these core services were presented, and a set of best practices was identified to create a user-friendly organization of public health services. Program descriptions were based on content from CHFS program pages and most were linked back to the original CHFS web page or other appropriate site.
5. During Summit II, the group defined the outline and items considered most important to present in April.

RESULTS:

Web communications inventory and survey

The initial inventory of web-based communications in June 2011 noted that, among Kentucky's 58 district and local health departments, 43 had a free-standing website and 1 had web pages incorporated into another website (eg., county-city government site). Nineteen had a Facebook page (either a 'personal' page or a 'business' pages, and 5 had a Twitter feed. Those with Twitter also had a website and Facebook page. Only 4 had a Facebook page as their only on-line presence. The range of sophistication of the websites was broad, and several were created and/or maintained by outside contractors. The number of departments with web-based communications has increased over the past year, but is still less than 100%.

Of the survey of health department directors, we received 29 responses (of a potential 58; 48.3%). All but one response was returned on the paper form; only 1 respondent provided data through the on-line SurveyMonkey format. Of these respondents, 23 had a website, 19 had Facebook, and 5 had Twitter. They were evenly distributed across population size, from $\leq 25,000$ to 100,000+; 62% were local health departments and 38% were districts. The top barrier to creating a website or other web-based communication was a lack of staff with the skills and time to create or maintain such channels. A secondary barrier was direct funding to create the channels. At a much lower level of concern (typically ranked as 3rd or 4th level responses) was a general unease about policy, procedure, and control over content. These barriers mirrored those identified in the NACCHO research and reinforced the assumptions in the causal loop diagram, although funding was a slightly smaller factor than anticipated. Since we did not get a 100% response, the non-respondents may reflect those who do not have a priority on web communications, either because they have already established them or because these directors fall into the uninterested/unwilling subset identified in our causal loop diagram.

The survey also asked about top information topics sought by those calling the health department. The top information request, across many ranking levels, was for information about health department services. This was followed by general health information and department service locations. Lower ranked requests included restaurant inspection results, job openings, and news releases. Fortunately, many of these items can be easily communicated through a website or social media format; decrease in phone calls or other advertising can therefore be an important factor in determining the return-on-investment for the health department's creation and maintenance of web-based communications. In fact, when asked, 100% of survey respondents noted that a website was useful for distributing information on a routine basis.

Website communications toolkit

Based on the inventory and survey results, the causal loop diagram, and the behavior over time graph, a simple toolkit was created for a health department to use to develop basic web-based communications. The toolkit includes a background/descriptive document, model policies, and template web pages with clear instructions for staff to easily edit and upload. The toolkit will be housed electronically as a ZIP file on the KHDA website so that it is easily accessible to KHDA members as well as other health departments throughout the United States.

The template web pages were developed with PHAB requirements in mind, and rely heavily on links to other websites maintained by the Cabinet for Health Services. In this way, the health department staff can easily add local contact or locale information and rely on the CHFS site to provide more detail about the program. The web pages also provide links to CDC and other providers of health information, social services, and community resources. Text placeholders are on the "About Us" page to accommodate links to agency reports and plans.

CONCLUSIONS:

Web based communications were once seen as something that only the "big" departments needed or as "nice to have, but not essential". Today, that has become a thing of the past. Among even the lowest income clients, web based communications are common and often the primary means of information access. PHAB has recognized this by including a very basic web site requirement and many web site inclusion recommendations in the process for local health department accreditation. A department without at least minimal web based communication is losing one of the least expensive means of public outreach.

The Health Department Web Communications Toolkit is not intended to be comprehensive or "cutting edge", but rather to be easily used and modified by local departments and enable them to publish at least the most frequently requested information. The sample policy is a framework for quickly developing local policy that defines the use of social web sites without being detrimentally restrictive. Finally, the

general information document will take some of the mystery out of using web based media and answer the most common questions identified in our research.

LEADERSHIP DEVELOPMENT OPPORTUNITIES:

Tonya Shankle

As a newer employee to Public Health it really bothered me that the public did not seem to know the services offered by their public health department. This was an area I felt needed attention and I am passionate about. When our group was formed I learned that this issue has been addressed many times and that creating something that would continue to be useful and truly get the word out could be a daunting task. When the group decided to assist health departments communicate the message themselves via a web presence either through a website or Facebook, the project seemed more manageable. Not being an extremely “tech” savvy person myself, this project was a learning experience. There are excellent resources out there for health departments to use and with more and more patients accessing information online it would be wise for health departments to implement updated technology and a web presence into their system. The KPHLI experience has been an enjoyable one and I have learned a great deal about my style of leadership and working within a team. I appreciate this opportunity.

Doraine Bailey

I had previously worked on developing user information and toolkits on the use of social media, and I am the web page manager of my LHD website. So, the actual change master project work was not a big personal or professional stretch for me. It did help me realize that there is a definite need for improved web communications by Kentucky health departments, beyond just the bare minimum that many have. It was disappointing in our conversations to learn that so many LHDs were not interested in developing a website or were uncomfortable using new media, despite the fact that core target audiences are increasingly connecting on-line. It was comforting to know that this discomfort was mirrored in the NACCHO survey, but still disappointing for public agencies which are not doing enough self-promotion to remind their tax base of their relevance and importance in the community. Hopefully this project can defray some of those concerns and encourage health departments to take a more active role in “tooting their own horn.”

Martin Hensley

As an Information Manager, my personal philosophy has always been to restrict users as little as possible and encourage experimentation as a means of learning. This is why I advocated creating a sample site with simple editing instructions as a means of removing the “mystery” of HTML file creation. We are moving into an increasingly technology based operating environment with a workforce that is not ready. I believe that we need to encourage our existing workforce to “try it” in an environment where there is little fear of terminal failure. If they “mess up” one of the HTML files beyond any hope of

redemption, the worst that can happen is that the page is restored from the sample set and they get to try again. Some will find that they actually enjoy the process and most will find that it isn't as mysterious as they imagined. After developing some initial success in one project, they may want (and should be encouraged) to try other areas such as spreadsheet or database development, presentation design and GIS mapping. There is no need or expectation that any great level of expertise will be reached, simply a level of familiarity that leads to competency as an end user without the "fear of the unknown." If some do find a passion for a particular area and become recognized experts, that will be a welcomed fringe benefit.

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