

15-08

STATEMENT OF POLICY Risk Communications Capacity

Policy

The National Association of County and City Health Officials (NACCHO) supports building and enhancing risk communications capacity for local health departments. Risk communications is the real-time exchange of information, advice and opinions between experts or officials and people who face a hazard or threat to their survival, health, or economic or social wellbeing. The purpose of risk communications is to enable people at risk to make informed decisions to mitigate the effects of a threat (hazard) – such as a disease outbreak or hazardous exposure– and take protective and preventive measures.¹ Risk communications 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 communications 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 to best protect the communities they serve. Local health department leaders should develop sufficient capacity to sustain risk communications efforts.
- Federal, state, and/or local funding should be allocated for local risk communications capacity. Local health departments should have at least one staff person, in addition to the local health officer/director, who is trained and experienced in delivering timely information during a public health emergency. During public health emergencies, local health departments should be prepared to bolster their communications capacity with additional staff and resources to ensure sustainable risk communications surge capacity.
- To equip local health departments to provide timely and accurate risk communications to communities, federal and state agencies should make local health departments key partners of the decision making and dissemination process. As a partner, local health departments should be provided with pre-release information before it is distributed publicly. Inclusion of local health departments should be considered a best practice and should be incorporated into preparedness grants and plans.
- Local health departments should have trained and experienced communicators proficient in risk communications practices. At a minimum, communications staff should have training and expertise in (1) knowledge of risk communications principles and best practices; (2) the ability to work with the media, both as a spokesperson and as a trainer of 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 communications 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.² Available trainings in these areas should incorporate learnings and best practices from COVID-19 response.
- Local health departments should consult the CDC’s 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 communications. 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; and (3) exchange information to determine a common operating picture.²
- Local health departments should develop a streamlined, cohesive, and internally coordinated approach to communicating with the public that is based on principles of equitable and inclusive communications. 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 convey risk information, control rumors, reduce public confusion, combat misinformation, and encourage action.
- Local health departments should take a whole community approach to risk communications. In order to ensure that local health departments are reaching all populations within their communities, including populations who are more vulnerable to negative outcomes from emergencies, communications staff should be proficient in cultural competencies, health literacy best practices, and specific protocols to reach a variety of populations in multiple languages.

Justification

Risk communications is proven to be a critical tool in emergency preparedness and response. According to the Institute of Medicine, emergency communications “should assume a central role from the start.”³ Through effective risk communications, local health departments can protect their communities and develop lasting relationships built on trust. Additionally, risk communications is integral to developing resilient communities and sustainable response

systems.³ Therefore, local health department leaders should prioritize building risk communications capacity.

The COVID-19 pandemic illuminated and accelerated the spread of misinformation⁴ and highlighted the negative impact of conflicting messaging on public trust.⁵ Communication must be consistent, clear, and community-driven to be effective, and jurisdictional collaboration—at the federal, state, and local level—is needed to both improve the effectiveness of communications and instill public trust.⁶

Local health officials face significant challenges that predate the COVID-19 pandemic and will almost certainly persist into the future. In the face of budget constraints and recent funding cuts, risk communication is often considered a low priority,⁷ resulting in a lack of sufficient communications capacity to meet the needs of communities. NACCHO's 2019 National Profile of Local Health Departments indicated that local health departments have lost 21% of their workforce capacity since 2008.⁸ While COVID-19 supplemental funds temporarily bolstered the workforce during the height of the pandemic to near 2008 levels nationally, the positions added were largely for contract workers, particularly at very large local health departments.⁹ Many smaller health departments saw very little, if any staffing increases during the emergency. In all cases, the emergency funding that led to these increases is short lived and may lead to additional job losses in the future. Local health departments of all sizes need sustained, flexible funding to increase and strengthen their workforce for the long term to handle the daily needs of their community, as well as to be better positioned when emergencies strike.

With less than a quarter of the nation's more than 3,300 local health departments employing a full-time communications professional⁹, 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 should have at least one staff person who is trained and experienced in delivering timely information during a public health emergency. Local health departments 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 communications capacity.

Findings from emergency preparedness exercises indicate that local health departments need to strengthen their risk communication capabilities.¹⁰ 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.²

Local health departments rely on various modes of communications, such as automated phone calling, e-mail alerts, texting, and social media to reach the public.⁹ Local health departments should have the capacity to engage the public through various 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 communications strategies¹⁰ as a cost-effective way to inform audiences of health issues and respond to public reporting of particular health issues.

Local health departments experience continued gaps in risk communications capacity. Studies suggest that the public's rate of information reception is relatively low, and information dissemination is not uniform among social groups.¹¹⁻¹³ As evidenced during the COVID-19 pandemic, people also feel mental, social, political and/or economic distress due to misleading and false health-related content on social media during pandemics, health emergencies and humanitarian crises.¹⁴ Consequently, local health departments should consider the diversity of their communities and pay particular attention to reaching populations who are more vulnerable to negative outcomes from the emergency.¹⁵ Communications specialists should be trained in best practices for reaching these individuals while utilizing health literacy best practices to build trust and advance health equity.¹⁶

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."^{17, 18} 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 or low literacy levels, people with visual or hearing impairments, people living in rural locations, and others who are at a greater risk for negative outcomes from emergencies.¹¹

Risk communications 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.

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Record of Action

Proposed by NACCHO Risk Communication and Information Sharing Workgroup Approved by NACCHO Board of Directors November 12, 2015

Updated June 2024