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Health Communication as a Public Health Training and Workforce Development Issue

Nancy L. Winterbauer

East Carolina University, winterbauern@ecu.edu

Ann P. Rafferty

East Carolina University, raffertya@ecu.edu

Katherine A. Jones

East Carolina University, joneska@ecu.edu

Mary Tucker-McLaughlin

East Carolina University, tuckermclaughlinm@ecu.edu

Colleen Bridger

Orange County Health Department, NC, cbridger@orangecountync.gov

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Health Communication as a Public Health Training and Workforce Development Issue

Abstract

Effective communication is one of the core competencies for public health professionals and is required for local health department (LHD) accreditation. Public health communication specialists play a critical role as conduits of health information, particularly with regard to managing relationships with media and the message that is ultimately represented by news outlets. However, capacity for engagement with traditional media in community health improvement at the local level has not been well-described. As part of a larger study examining the use and impact of the County Health Rankings in North Carolina, LHD media staffing and interaction with traditional media were examined through a cross-sectional, online survey, administered to North Carolina LHDs. Results indicate that most LHDs in North Carolina have staff designated to work with media, but few have dedicated staff or staff with an educational background in mass communication. Most communication staff enter their position with less than one year of experience, though almost all receive some training once on the job. Press releases are issued relatively infrequently, which implies that media engagement and message management are underdeveloped at the local level. These results suggest that health communication specialists are underutilized in LHDs and these skills should be emphasized in LHD hiring practices and in public health workforce development.

Keywords

Health Communication, Workforce Development, County Health Rankings

Cover Page Footnote

This study was supported by a grant from the University of Wisconsin, Population Institute and the Robert Wood Johnson Foundation. We appreciate the North Carolina local health department staff who responded to the survey, which is reported here.

Effective communication is one of the core competencies for public health professionals and is required for local health department (LHD) accreditation. The field of health communication encompasses both intra- and interpersonal communication and broadly includes patient-provider and health team communication, mass communication, new information technologies, policy and advocacy, and health behavior change interventions.¹ Public health communication specialists play a critical role as conduits of health information, particularly with regard to managing relationships with media and the message that is ultimately represented by news outlets.^{2,3} However, capacity for engagement with traditional media in community health improvement at the local level has not been well-described. As part of a larger study examining the use and impact of the County Health Rankings in North Carolina, we examined LHD media staffing and interaction with traditional media. The purpose of this paper is to describe the capacity of LHD staff to engage with traditional media in their community health improvement activities and assess interaction with media via the issuance of press releases.

METHODS

The North Carolina County Health Rankings Survey (NCCHRS), a cross-sectional, online survey, was conducted among North Carolina LHDs, at the county or multi-county jurisdiction level. The NCCHRS questionnaire was based on one developed for a similar survey conducted in 2011-2012 among Florida LHDs. The NCCHRS instrument included additional questions focused on LHD staff who work with media.

The survey was sent to all 85 North Carolina local health directors inviting them, or their designees, to participate. Data were collected between July-September 2013. The analysis was conducted using SPSS. This report includes jurisdiction-level results. Out of the 85 invitations, we received 55 responses (51 from single-county health directors and 4 from multi-county directors) for a response rate of approximately 65%. One participant did not respond to any of the media questions. Therefore, the working sample size for this analysis was 54 cases. This study received approval from the East Carolina University Institutional Review Board.

RESULTS

The majority of respondents (87%) reported that their LHD did have a particular staff person who was designated to interact with media. Of the 7 who reported that they did not have such a designated media staff person, all responded to the follow-up question that they did have a staff person who usually fields most of the questions from the media. Half (52%) of all respondents reported that this person's title (or position) was Public Information Officer, 22% reported the media staff person was the Health Director or that the Health Director shared the position with another staff person, 9% reported Health Educator, 6% other Information or Communication Manager, and 11% some other position (Table 1).

Overall, 79% reported that the media staff person spent less than 25% of their time on media issues, while 11% reported that this person devoted half or more of their time to media relations (Table 1). This finding held even among those whose title was Public Information Officer, among whom 78%

spent less than one-quarter of their time on media relations. Nearly all (98%) LHD media staff persons had other responsibilities besides working with the media. The number of other responsibilities ranged from one other primary activity to five other activities, and they included agency director, other administration, health education, accreditation, departmental marketing, website development, quality improvement, social work, grant writing, cancer control, and emergency preparedness.

Experience level of the media staff person with media issues when first hired ranged from none (32%) or less than one year (21%) to 19% with 1-5 years and 21% with 5 years or more of experience. (Note 7% of respondents did not know.) Time in current position at LHD also varied, with 29% having been in the position for less than 3 years, nearly half (47%) for 3-10 years, and 23% having been in their position for more than 10 years. Only 8% reported that their LHD media staff person had a college degree in mass communication or related field, while the majority did not (91%) (Table 1). Among those without a college education in mass communications, most (92%) had participated in media, public information, or public relations training. Ninety-two percent of respondents reported they would be interested in having their staff participate in media/public relations training if it were available and free.

Respondents were asked how often the media staff person issues press releases; 11% reported at least once a week, 57% reported at least once a month, and about one-third reported that the media person issues a press release less than once a month (Table 1). Of those issuing press releases less than once a month, most (9/16) reported that the media person does not have the time to send out press releases more often, 4 reported that there was nothing newsworthy or that press releases are sent out on an as needed basis, one reported that they did not want to bring attention to the LHD, and two reported some other reason.

Table 1. Characteristics of media staff persons in North Carolina local health departments.

	Percent (n)
Position or title (n=54)*	
Public Information officer	52% (28)
Health Director	22% (12)
Health Educator	9% (5)
Other information or communication manager	6% (3)
Other position	11% (6)
Percent of time devoted to media relations (n=53)	
Less than 25%	79% (42)
25% - 49%	9% (5)
50% or more	11% (6)
Level of media experience when first hired (n=53)	
No experience	32% (17)
Less than 1 year	21% (11)
1-5 years	19% (10)
5 or more years	21% (11)
Don't know	7% (4)
Time in current position (51)	
Less than 1 year	6% (3)
1-3 years	23% (12)
3-5 years	18% (9)

5-10 years	29% (15)
More than 10 years	23% (12)
Has college degree in mass communication (n=53)	
Yes	8% (4)
No	91% (48)
Issue press releases (n=53)	
At least once a week	11% (6)
At least once a month	57% (30)
Less than once a month	32% (17)
*Question sample size varies due to items missing values.	

CONCLUSIONS

Most LHDs in North Carolina have staff designated to work with media, but few have dedicated staff or staff with an educational background in mass communication or a related field. Most media staff enter their position with less than one year of experience, but almost all receive some training once on the job. Press releases are issued relatively infrequently, which implies that media engagement and message management are underdeveloped at the local level.

IMPLICATIONS

The local public health workforce includes Public Information Specialists – who are charged with, among other roles, communicating with media. Traditional media can be a powerful ally in community health improvement. A case in point is the County Health Rankings, which rely on media attention, along with LHD activities, to draw the attention of the public and policy makers to the social determinants of health.⁴ However, successful media messaging is dependent upon communication specialists who are trained to shape information and disseminate messages. The very large majority of staff filling these positions in NC LHDs lack the educational background at hire necessary to manage media relationships and shape community health improvement messaging. Almost all respondents, would welcome additional training. Future research questions include describing: the focus of local health news stories; the nature of LHD - media interactions; and the communication training needs of LHD staff, especially in communicating complex messages, such as causation and the social determinants of health.

There are limitations to this study. First, we did not evaluate what *other* communication tasks participants might have engaged in, such as policy work, in addition to media relations. However, the number and list of other job activities respondents hold suggests that, with some exceptions (e.g. departmental marketing, website development), these activities are not in health communication. Second, the health directors who received the survey were told that they, or a designee, could complete it. Consequently, there may be variation in reporting accuracy, dependent upon who completed the questionnaire. Finally, only quantity, but not quality of press releases was considered. Nonetheless, these results suggest that health communication specialists are underutilized in LHDs and these skills should be emphasized in hiring practices and in public health workforce development. These findings also have implications for the use of social media in health promotion, which similarly requires staff with knowledge and skills in effective health messaging.⁵

SUMMARY BOX:

What is Already Known about This Topic? Traditional media can be powerful allies in health promotion, but can also mediate messaging and serve their own agendas.

What is Added by this Report? Successful media messaging is dependent upon communication specialists who are trained to shape and disseminate information. Local health department staff are not well-prepared and not given sufficient time to serve as efficiently in this capacity as they might.

What are the Implications for Public Health Practice, Policy, and Research? Training local health department staff, especially in communicating complex health messages and managing media relations, is needed.

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