



Checklist to Build Trust, Improve Public Health Communication, and Anticipate Misinformation During Public Health Emergencies

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How to Use the Checklist

This checklist is an instrument to help public health departments and communicators improve trust and communication, especially in anticipation of serious public health issues, health emergencies, and when misinformation is abundant. To develop the checklist, the project team collected data on frequently observed rumors during public health emergencies (PHEs), interventions to address misinformation and improve trust, and the experiences of 100 key informant public health experts and practitioners working on the front lines. The checklist reflects current communication science and the voices and lived experiences of public health communicators who have worked in an environment of persistent rumors and misinformation and declining trust in public health.

The checklist provides public health communicators with tools, resources, and internal advocacy opportunities organized across 5 priority sections. These sections can broadly be described as 1) focusing on internal operations, 2) building connections with the community, 3) establishing opportunities with “secondary messengers,” 4) anticipating loss of trust in a PHE, and 5) creating meaningful and accessible messages.

Priority 1 outlines how health departments or similar organizations can reflect on and improve their in-house capacities, including budgetary, administrative, and workforce considerations, as well as assess their current understanding of and relationships with their communities. These capacities will help set up health departments for success before undertaking new trust-building or public health communication initiatives.

Priority 2 describes how health departments can look outward to develop healthy, lasting relationships with their communities in order to build trust. These connections will help to increase the effectiveness of future public health work.

Priority 3 recommends processes for health departments to develop successful, sustainable partnerships with and/or otherwise leverage individuals, organizations, or other influencers in their communities—all of whom fall under the umbrella of “secondary messengers.” By combining forces with outside help, health departments can strengthen community ties, tap into new resources and expertise, and increase the effectiveness of public health communication and trust-building activities.

Priority 4 suggests specific proactive initiatives that health departments may engage in before and as PHEs or other concerning health narratives arise. These actions help to preserve trust levels and dampen the negative effects of anticipated misinformation.

Priority 5 provides guidance on how to develop, tailor, deploy, and evaluate public health messages during PHEs or concerning health narratives. This section builds off strengths and capacities established in previous Priority sections. Advice from this section is summarized in, and can be applied to, the [Tailoring Tool to Increase Message Uptake & Trust](#) found in the [Appendix](#).

Users are encouraged to modify and alter the checklist in ways that reflect their specific needs, challenges, and opportunities. Users may read the checklist in its entirety or utilize a targeted approach by checking off their existing capacities in [Checklist Contents](#) and reading select sections associated with identified gaps or areas of interest.

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Glossary

- **Channel:** The medium through which public health messages are disseminated to the general public (eg, social media platform, radio, in-person communication).
- **Dialogue:** An ongoing back-and-forth conversation, including online, between public health communicators and the general public regarding health information or clarification (eg, Q&A sessions).
- **Disinformation:** Deliberately false or misleading information usually spread via various communication channels with the intent to manipulate, deceive, or influence beliefs, opinions, or actions.
- **Health/Science/Media Literacy:** A person's ability to effectively access, analyze, interpret, evaluate, and use information to make informed decisions about their health, scientific facts, and media content.
- **Messenger:** An individual or group who translates public health information and guidance to the general public.
- **Misinformation:** False or inaccurate information.
- **Prebunking:** The act of addressing or refuting potential false information before an individual is exposed. This involves educating people about common tactics of deception or manipulation, encouraging critical thinking, and engaging target audiences.
- **Public Health Communicator:** An individual or group, usually in an official governmental capacity, who translates public health information and guidance to the general public.
- **Public Health Emergency Preparedness and Response (PHEPR):** Engagement in public health activities that aim to prevent, protect against, quickly respond to, and recover from public health emergencies (PHEs).
- **Rumor:** A claim that is untrue, may be untrue, or is misleading.
- **Secondary Messenger:** People and institutions outside of public health departments and government agencies that play important roles in PHEPR, including disseminating health messaging, building trust in public health, and dispelling misinformation.
 - **Formal secondary messenger:** Individuals, groups, or organizations that share health information as part of a formal agreement with public health agencies.
 - **Informal secondary messenger:** Individuals, groups, or organizations that share health information without any formal agreement with public health agencies.
- **Social Listening:** The process of tracking information on communication platforms to identify false information or information gaps about public health issues.
- **Tailoring:** The act of modifying the content, tone, visuals, channel, or other features of a public health message to better reach and resonate with intended audiences.
- **Trusted Messenger:** Someone who is perceived as reliable, credible, and trustworthy to an intended audience.

Priority 1: Build Critical Communication Capacities

Effectively communicating and maintaining trust with the public is critical, especially when implementing public health emergency preparedness and response (PHEPR) activities and addressing misinformation and disinformation that can reduce trust. Health departments' abilities and capacities to effectively reach members of the public must be built and sustained over time. These efforts require a workforce that reflects the community being served, accompanied by strong communication skills, expertise, and experience, as well as appropriate funding and operational mechanisms to maximize resources. Furthermore, PHEPR communication efforts require a deep understanding of the community audience, including their needs and the complex factors that impact their trust in public health.¹

Activity 1: Build and maintain a PHEPR communication workforce that is well-prepared and reflective of the community it serves

Health departments must develop an appropriate PHEPR communication workforce and ensure they are prepared to establish trust, meet the community's needs, and effectively respond during an escalating public health issue or a public health emergency (PHE).¹⁻⁴ The following tasks outline how local and state health departments can build, maintain, and protect that capacity.

Task 1.1: Identify and characterize existing PHEPR communication workforce assets

Health departments should identify their employees who would engage in PHEPR communication activities, especially those in leadership positions, and create a summary of the group's relevant experience, expertise, and skills. Examples of such competencies include^{1,5}:

- Lived experiences, such as growing up in communities that mirror those of intended audiences, to better spread relevant information or address misinformation.
- Experience in public health-related risk communication activities, particularly past PHEPR communication activities or work with intended audiences.
- Subject matter expertise in essential areas, such as formal training in social sciences and/or risk communication science, and familiarity with epidemiological principles.
- Specialty skills for risk communication (eg, experience running social media for similar organizations or video production).
- Foreign and accessible language skills (eg, multilingual with native speaker-level fluency or experience creating accessible content such as screen reader-compliant materials).
- Community ties with relevant stakeholders (eg, trusted messengers and leaders in key audience communities, organizations, and businesses or other organizations that may be important partners).

The above list of workforce characteristics may not be fully applicable or comprehensive for every organization's PHEPR communication needs and should be revised accordingly. Health departments also should consider that all staff members, not only the PHEPR communication team, play a part in communication activities, so leadership should assess the current and desired characteristics and competencies of the larger workforce.¹

Task 1.2: Establish and pursue avenues to remedy workforce gaps

If there are gaps in PHEPR workforce competencies and characteristics, consider the following remedies, depending on resources and context.¹

Table 1. Potential remedies to fill workforce gaps in PHEPR communication competencies

Needs	Remedy	Requires	Timing
<ul style="list-style-type: none"> Lived experience Language skills Community ties 	Formal partnership(s) with secondary messengers (eg, community-based organizations [CBOs]) to leverage community ties, lived experience, or relevant competencies and skillsets	<ul style="list-style-type: none"> Completing activities and tasks associated with Priority 3 	Initiate and sustain partnership prior to PHE
<ul style="list-style-type: none"> Specialty skills Subject matter expertise 	Develop or use existing training materials ⁶⁻¹⁰ or curricula to better empower existing staff and new hires with necessary skills	<ul style="list-style-type: none"> Access to training materials or curricula Staff member bandwidth to complete training 	Create access prior to PHE; utilize before or during PHE
<ul style="list-style-type: none"> Lived experience Communication experience Subject matter expertise Specialty skills Language skills Community ties 	Recruit additional staff from within the health department to fill expertise, experience, or skill gaps on the PHEPR communication team	<ul style="list-style-type: none"> Sufficient funding Bandwidth within existing PHEPR staff to train new recruit(s) Institutional and individual employee bandwidth to allow for an increase or shifting of duties for internal PHEPR team recruits 	Prior to or during PHE
<ul style="list-style-type: none"> Lived experience Communication experience Subject matter expertise Specialty skills Language skills Community ties 	Hire new personnel from outside the department with desired characteristics or competencies	<ul style="list-style-type: none"> Sufficient funding Bandwidth within existing PHEPR staff to train new personnel Competitive hiring incentives in job market 	Prior to or during PHE
<ul style="list-style-type: none"> Communication experience Subject matter expertise Specialty skills Language skills 	Partner with organizations (eg, public relations firms, academia) that can provide technical assistance or complete tasks that require a specialized skillset, such as identifying and deploying interventions against misinformation on social media platforms	<ul style="list-style-type: none"> Availability and willingness of appropriate partners Administrative capacity and relevant permissions to engage in contracts, memorandums of understanding, or similar agreements necessary for partnerships with third party organizations Sufficient funding, if needed Bandwidth within existing PHEPR staff to liaise with outside partners 	Create administrative pathways prior to PHE; initiate partnerships before or during PHE

Task 1.3: Recognize and address threats to building and maintaining a PHEPR communication workforce

Building a PHEPR communication workforce that is ready and reflective of the community is not enough; that workforce must be maintained to preserve institutional memory and overall capacity. Turnover is an ongoing threat to the public health workforce because of various issues, including lack of competitive pay, stress or burnout, and harassment and violence against public health workers.¹¹⁻¹³ Consider ways to address potential threats and retain the workforce,¹ such as:

- Implementing a harassment mitigation system to support staff and divert harassing messages.
- Revising compensation and benefits packages to increase job market competitiveness and reduce attrition.
- Limiting burnout from compassion fatigue¹⁴ and exposure to harassment by moving employees on and off PHEPR communication duties.
- Providing resources and using strategies to reduce workforce burnout, such as ensuring employees have and use enough paid time off, quickly addressing staffing shortages, and reducing the workload of PHEPR communication team members.
- Offering opportunities for advancement, particularly for staff members who have unique characteristics and competencies relevant to PHEPR communication.
- Improving appreciation of and empathy for the public health workforce by strengthening community ties and investing in community needs by implementing activities and tasks described in [Priority 2](#).
- Increasing public and policymaker awareness of the health department's value to demonstrate institutional pride in the public health workforce and their work.

Activity 2: Ensure that existing budgetary, operations, and financing approaches for PHEPR communication activities reflect prospective needs during an emergency

The success of PHEPR outreach activities relies heavily on available financial resources. Yet responders often lack sustainable, sufficient funding.^{1-3,15-17} Prior to strengthening other public health communication capacities, health departments must assess and address administrative readiness to respond.

Task 2.1: Understand current PHEPR communication funding

A comprehensive understanding of fiscal support for PHEPR communication and community engagement activities is valuable. Public health officials should first identify funding specifically for PHEPR communications and additional funding streams that may be accessed for communication efforts in the event of a health emergency. Second, they should identify potential gaps between existing funding and the resources needed to engage in building trust and countering misinformation during an emergency. These gaps may be assessed based on how well funding has met needs in past emergencies and how operational costs might vary based on different potential emergency situations. Funding assessments are most useful when completed and updated regularly, with a multiyear view of future funding support and gaps.¹

Task 2.2: Curate alternative resources that may be deployed before or during a public health emergency

If health departments detect a gap between existing funding and the resources needed to conduct PHEPR communication activities, other approaches may be needed. See Table 2 for a list of potential remedies^{1,18} and their associated implementation needs.

Table 2. Potential remedies to fill anticipated gaps in actual and expected PHE resources

Remedy	Requires	Timing
Pool resources with the nonemergency risk communication budget or other programmatic budgets	<ul style="list-style-type: none"> • Sufficient flexibility in funding for involved programs • Overlap in mandates and activities between programs • Ability to liaise and coordinate shared activities for involved programs 	Before or during PHE
Explore emergency funding mechanisms at the local, state, and federal levels that may be leveraged and deployed	<ul style="list-style-type: none"> • Staff time to investigate funding options • Availability or knowledge of funding mechanisms 	Before or during PHE
Build awareness of health department value among policymakers and advocate for increased funding access	<ul style="list-style-type: none"> • Staff time to initiate and sustain relations with policymakers • Availability and willingness of policymakers to engage with health department liaisons 	Before or during PHE
Partner with organizations (eg, PR firms, academia, temp agencies, Medical Reserve Corps, National Guard) that may be able to provide cost-effective resources, such as technical assistance or temporary additional workforce	<ul style="list-style-type: none"> • Availability and willingness of appropriate partners • Administrative capacity and relevant permissions to engage in contracts, memorandums of understanding, or similar agreements necessary for partnerships with third-party organizations • Sufficient funding, if needed • Bandwidth within existing PHEPR staff to liaise with outside partners 	Create administrative pathways prior to PHE; initiate partnerships before or during PHE
Partner with secondary messengers (eg, CBOs) that may be able to provide cost-effective assistance with messaging, building trust, or dispelling misinformation	<ul style="list-style-type: none"> • Completing activities and tasks associated with Priority 3 	Initiate and sustain partnership prior to PHE

Task 2.3: Prepare administrative strategies in anticipation of just-in-time emergency disbursements

During high-profile PHEs, health departments may receive large disbursements of emergency funding with short windows to process, plan for, and spend those funds.^{1,18} Therefore, creating strategies in anticipation of these just-in-time disbursements will help to reduce spending delays, maximize the cost-effectiveness of response spending, and improve the sustainability of any capacity building or new workforce hires that occur during emergency responses. For example, prior to an emergency, PHEPR communication teams may present health department

leadership with a list of ranked funding priorities for emergency response communication activities. Then, as emergency response activities wind down, PHEPR communication teams may develop and present proposals to health department leadership on how to retain new hires or sustain increased response capacity related to health department communication activities after emergency funds expire.

Task 2.4: Streamline bureaucratic and administrative processes that hinder responding in “feast-or-famine” financing conditions

Health departments are required to coordinate activities with numerous partners and stakeholders during emergency response activities. This engagement brings with it increased bureaucratic procedures, including establishing contracts and memorandums of understanding, gaining approvals from leadership, verifying personnel credentials, and more. Prior to an emergency, health departments should identify these potential partners and stakeholders and manage as many administrative processes as possible. Additionally, health department leadership should work with relevant human resource and finance staff to streamline those processes (eg, purchasing procedures). Finally, any operational considerations that may cause delays in accessing resources during an emergency response, such as time for training or building partnerships, should be similarly addressed prior to the event, if possible.^{1,18}

Activity 3: Know your audience and their history with public health

Expertise is not enough; trust in public health and the effectiveness of messaging and other communication efforts may be greatly mediated by the characteristics of the intended audience and their past interactions with public health and related institutions.^{1,19-26} Gathering information about your community and their trust levels in public health will help lay the groundwork for later trust-building and messaging work with intended audiences.

Task 3.1: Discern audience characteristics

The characteristics, values, and needs of audiences greatly influence how they interpret public health messages and how communicators develop important relationships with them.²⁷ Audience characteristics include demographic characteristics (eg, age, languages spoken and read, education and reading levels, income level, geographical location), as well as religious beliefs, cultural values, attitudes, and practices.²⁸

Health departments should leverage existing official data resources—such as Mobilizing for Action through Planning and Partnerships (MAPP) reports, other community health needs assessments,²⁹ and/or US Census data³⁰—to better understand their community’s characteristics. Additionally, health departments should consider engaging in informal or formal qualitative or quantitative data collection to gain a clearer and more nuanced view of their intended audiences. Public health communicators can leverage any existing relationships the current public health workforce has with intended audiences (see [Priority 2](#)) as well as relationships between partners and audiences (see [Priority 3](#)). Information from these sources and any additional data collection may be utilized to inform message creation efforts, which is discussed in [Priority 5](#). Public health communicators should also consider if any topics require focused messaging for new populations beyond those identified in the past.

Task 3.2: Understand intended audience's history with public health and related institutions

Historical context can significantly influence a community's perceptions, attitudes, and trust toward public health initiatives and government agencies. Internally and publicly acknowledging and addressing ongoing and historical experiences²⁵ that have reduced trust is crucial for building trust.^{1,26} Public health communicators should consider how the community may have encountered past instances of discrimination, mistreatment, or lack of access to public health and medical services and ensure that communication efforts are sensitive to these experiences. Leaders also should evaluate current levels of trust between public health organizations and the community³¹ and conduct activities to improve trust and rebuild rapport as needed.¹

Notably, some communities may hold negative attitudes toward public health authorities and activities. Lack of adherence to public health measures and poor effectiveness of public health messaging within these communities may be worsened by perceived or real disrespect, ostracization, or disregard by those promoting public health interventions. In some cases, these populations may amplify themes of distrust, knowingly or unknowingly spread misinformation and disinformation, or discourage other community members from engaging in health-seeking behavior. It is important to not assume failure in communicating with these populations, as doing so and ceasing trust building efforts may actually decrease the likelihood of future successful communication efforts.¹

Specific recommendations on trust-building and community engagement activities are provided in **Priority 2**, drawing from the awareness and capacities established in this section.

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Priority 2: Develop Meaningful & Lasting Relationships with Your Community

All actors in a community, from health departments to the people they serve, have visions of what a healthy population looks like. These visions may or may not align. Public health personnel can struggle to integrate their communities' visions when planning, implementing, and evaluating PHEPR programming, which can result in a lack of public trust or buy-in.¹ Therefore, building and strengthening relationships between public health departments and the communities they serve is a vital step in increasing trust in public health. Transparency, accountability, and inclusive decision-making with community members is foundational to public health.²

To build trust in PHEPR, public health personnel should establish themselves as trustworthy members of their community and make strategic investments in building community. Approaches can range from basic outreach about public health issues to more sustainable and equitable strategies that involve a higher level of public engagement, empowerment, and shared decision-making, as shown in Figure 1.³⁻⁵

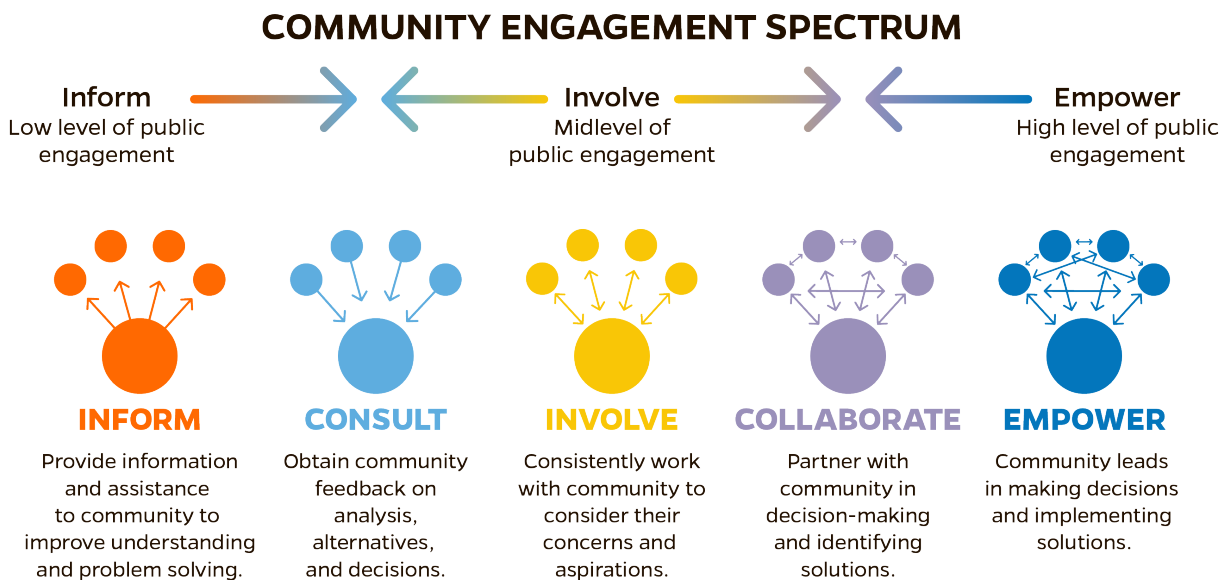


Figure 1. This community engagement spectrum illustrates the continuum of public engagement in a participatory process, from low to high levels of engagement (adapted from the International Association for Public Participation⁵ for the Center for Wellness and Nutrition's Community Engagement Toolkit³).

Activity 1: Establish public health personnel as trusted members of the community

As mentioned in [Priority 1](#), communities' historical experiences influence their trust in public health organizations. Because of these previous encounters, some communities are not always quick to trust guidance from public health departments, healthcare institutions, researchers, or government health officials.⁶ In order to dispel what could be harmful narratives, public health departments must build authentic, honest, transparent, and consistent relationships with community members to establish themselves as trustworthy. This relationship building helps public health departments and other health officials carry out important programming in their communities and respond to local public health issues, especially during PHEs.

Task 1.1: Assess readiness for community relationships

Building relationships requires time and dedicated resources, which public health departments and other health officials may lack or prioritize elsewhere in the face of other pressing needs. Public health agencies should conduct an internal assessment^{3,7} to understand whether they have sufficient organizational buy-in, sustainable interest, and resources to build constructive relationships and partnerships with communities. They should reflect on questions like:

- With which communities do you want to build relationships?
- Does your health department perceive community involvement as a priority in identifying community health issues?
- Does your health department have a champion(s) or leader(s) who will drive efforts to build and sustain relationships?
- What does your health department want to accomplish by developing relationships with the community?
- How positive are existing collaborations with the community?
- How involved do you want community members to be in health department activities?
- What types of community involvement can your health department accommodate?
- How flexible can your agency be when building relationships with communities?
- What can you contribute to communities?
- Are you prepared to cede, transfer, or share decision-making processes with the community?
- How do your answers to these questions change before, during, and after PHEs?
- Are resources, staffing, and organizational interest sustainable?

If, upon reflection, public health leaders determine they are not ready to build relationships with communities, it would be prudent to focus on building internal readiness, using strategies with lower levels of public involvement, or identifying which relationships might be feasible to pursue in the future.

Task 1.2: Identify key principles and norms for engaging with communities

Public health officials can bolster their trustworthiness in communities by embodying the values that their communities find important. When developing relationship-building strategies, public health leaders should identify key principles that underpin their approach to community engagement. An agreed set of internal guiding principles can standardize approaches and ensure they are all aligned with community-centered values, such as:

- **Transparency.** Transparency and openness from public health officials—such as providing timely information about risks, clarifying the science behind public health guidance, explaining decision-making processes, and claiming accountability—are important trust-building strategies during health emergencies, especially when government-mandated PHEPR measures are socially disruptive and likely to provoke strong emotional responses.^{8-11,20}
- **Flexibility.** Relationships should evolve based on the real-time needs of different communities, including their priorities and goals.⁶ If public health officials are willing to change and adapt their plans to fit a community's needs, the community will view them as more reliable, accessible, and trustworthy.

- **Equity.** Understanding and accounting for structural inequities and social injustices helps public health personnel build more accessible, intentional, and supportive relationships with diverse communities, especially when there are power imbalances between public health authorities and community members.⁶ Participatory approaches like community-based participatory research, participatory budgeting, and participatory action research are effective in building mutually beneficial relationships.^{4,12,13}
- **Mutual respect.** Showing mutual trust and respect for partners, as well as their knowledge, expertise, and voice, is crucial for successful community-based participatory partnerships.^{6,7} An absence of mutual respect and co-learning can result in a loss of trust, time, and resources.⁴
- **Honesty.** When building relationships with communities, public health departments must communicate openly and honestly or risk being perceived as opportunistic and deceptive.⁷ This includes taking responsibility for mistakes and disclosing conflicts of interest. Violating this principle may trigger misinformation rooted in distrust of authorities and conspiracies.¹⁴

Public health personnel can use these principles, as well as any other values relevant to their mission, to establish norms and set expectations about how they intend to work with communities. They should be clear about the goals of their engagement efforts; make a case for why a relationship is worthwhile for all parties involved; put in the work to learn about their community's culture, social networks, political and power structures, norms, and values; and (perhaps most importantly) keep their promises after setting these expectations.^{7,15}

Two examples that illustrate both key principles in action and how to effectively work with communities to establish these principles include:

- The National Association of County and City Health Officials' (NACCHO) *Mobilizing for Action through Planning and Partnerships 2.0 Handbook (MAPP 2.0)*, which outlines foundational principles that were developed in collaboration with communities and embedded into the MAPP Theory of Change to ensure engagement efforts are community-driven.⁶
- The US government-funded Principles for Community Engagement, which details 9 actionable and specific key principles that guide the formation, implementation, and sustainability of engagement efforts, developed with input from a community task force.⁴

Task 1.3: Be immersed in community spaces and present at local events, initiatives, and meetings

Public health personnel should establish both an active and passive presence in community spaces to be more accessible for, visible to, and connected with community members. Showing a presence can help lead to authentic development and retention of community-based relationships. It is important to note that many traditional community participation and engagement efforts often use a top-down approach that does not prioritize the community's needs and drives unequal distributions of power. This can perpetuate distrust of public health and government officials. To build trust, public health practitioners should practice respectful and intentional listening and engage with communities more actively.^{16,17} Public health leaders, practitioners, and staff can:

- Network informally at in-person community events, initiatives, and meetings, and/or attend them as a formal representative to contribute a public health perspective or public health resources.¹² For example, when YMCAs host Healthy Kids Days, local health departments can provide public health information and materials at the event, promote the event on social media platforms, and continue the conversation through health education and programming.¹⁸
- Participate in virtual discussions and events and create an online presence by posting consistently, intentionally, and meaningfully on social media platforms and websites. [Priority 5](#) details how public health departments can communicate more effectively about PHEPR issues, especially online.
- Meet communities where they are by showing up at events that do not have an explicit health focus.^{19,20} For example, academic partners who work with the Apsáalooke (Crow Indian) Nation as part of the Messengers for Health project regularly spend time at the reservation and attend social and cultural events.²¹ Public health officials should make authentic personal connections: ask people questions, tell people about themselves, and go where the people are.²²
- Participate in community conversations and conduct outreach even when people are initially unwelcoming or harbor deep distrust of public health.²²
- Contribute logistical planning resources as a convenor and bring together diverse community organizations, coalitions, task forces, stakeholders, and members over shared dialogue.⁷
- Build relationships with community members at “third places” or neutral locations (like salons) where people spend time, socialize, exchange ideas, and enjoy themselves outside of their homes or workplaces.²³ These locations play an important role in cultivating a strong sense of community, and they can provide a space for public health to engage with the community.
- Remain accessible to and build relationships with local media outlets, as community members often rely on news to stay informed about health issues.^{9,24}

By being present, public health personnel show they are actively part of their community, interested in connecting, and see themselves as one with the community. While networking with specific populations, leaders, and community members is important, public health practitioners benefit from immersing themselves in the social fabric of their community to avoid these interactions being viewed as a transactional process.³ Additionally, after meeting people and making connections, public health staff should retain these relationships by making it as easy as possible for community members to stay engaged. Examples of this might include providing childcare at public health convenings, facilitating transportation to public health events, meeting where communities feel comfortable, providing incentives, and more. [Priority 4](#) explores how public health staff can pursue more formal listening and feedback gathering mechanisms for PHEPR purposes.

Task 1.4: Build in mechanisms for sharing decision-making processes with communities

There is often an imbalance of power between public health departments and the communities they serve, which can make communities skeptical about the intentions behind PHEPR activities. Public health officials should empower communities, particularly those most impacted by structural inequity, to set public health agendas, shift public health discourse, and

make decisions about their community's health.²⁵ When public health fosters a “together we can” culture, it becomes a more trustworthy collaborator.¹² Public participation can enhance the legitimacy, transparency, and justice of decision making and improve trust in public institutions.² However, this means that public health officials must be prepared to release control of some actions and outcomes to the community.¹⁵ They can pursue the following approaches for sharing decision making when developing community relationships:

- Demonstrate willingness to listen and be guided by communities' needs, interests, and voices.²⁶
- Be open to unanticipated ideas and be receptive to nontraditional community relationships.²
- Identify strategic opportunities for communities to share their expertise and knowledge.²⁶
- Practice two-way communication with the public to stay informed and engaged in dialogue and exchange (ie, going beyond one-way mass messaging, such as public services announcements or social media campaigns).²
- Connect with communities to help them gain more control over factors that affect their health.²⁶
- Use participatory approaches to collaboratively define public health problems and solutions.²
- Actively respond to issues the community feels are important and empower community groups to engage in open dialogue with government entities.²

Activity 2: Make strategic and intentional investments in building community

Public health employees can convey that they are sincere, intentional, and thoughtful about building community relationships by making proactive, strategic investments. Public health staff and communities should work to understand how they can support each other not only by providing information, resources, or incentives but also through collaborative ways of interacting, acting, and recovering from public health events. By investing in communities, public health departments show with action—not only words—that they care about the communities they serve, which bolsters public trust in them.

Task 2.1: Conduct assessments to understand community networks and needs to inform a plan of action

Health departments and local public health leaders need to understand the formal and informal connections within their communities, as well as the strengths, weaknesses, gaps, and power dynamics of these networks. Stakeholder mapping and analysis activities can help build strategic relationships with communities and formalize partnerships with local leaders, as explored in [Priority 3](#). Additionally, health departments can conduct needs assessments to help understand key health issues in the community. Engaging in these activities can help prepare for PHEs by enhancing understanding of community needs during and after crises, effectively leveraging relationships, and adapting communication strategies.²⁴

Needs assessment methods vary widely across the US, despite the presence of federal and state standards for such assessments.²⁷ Comprehensive community needs assessments include CDC’s *Community Needs Assessment*,²⁸ the American Hospital Association’s *Community Health Assessment Toolkit*,²⁹ NACCHO’s *MAPP 2.0 Handbook*,⁶ and the Center for Community Health and Development at the University of Kansas’ *Community Tool Box*.³⁰ During emergencies, public health employees can use formative research methods or rapid analysis tools like the CDC’s *Community Assessment for Public Health Emergency Response Toolkit*.³¹ These toolkits include extensive guidance on how to integrate community-based relationship-building as both a precursor to and an outcome of needs assessments. If public health officials are interested in pursuing a more transformative approach to assessing needs, they should:

- Engage, empower, and train community members to design and conduct assessments, as well as to understand and socialize their findings.² One way to do this is to form an advisory committee that includes diverse stakeholders and community members to guide the assessment process.²⁹
- Use mixed-methods approaches and community-based participatory research methodologies throughout the assessment process.^{4,7,29}
- Foster diverse, multisectoral, and proactive relationships with community groups to strengthen shared ownership and decision-making.³²

Findings from needs assessments should inform an operationalized strategic action plan. Learnings from community health assessment activities and the community health improvement process are often used to create community health improvement plans (CHIPs). Health departments and related government entities often use CHIPs to set public health priorities and coordinate resources with community partners.^{4,32} Public health officials can also use findings from assessments to devise an internal community engagement process, such as the Center for Wellness and Nutrition’s process shown in Figure 2.



Figure 2. 4-step community engagement process, modified from the Center for Wellness and Nutrition.³

Task 2.2: Establish a track record of supporting the community in a range of ways, even if small

Public health departments are limited in the investments they can make in a community because of funding and scope constraints. Although they may not be able to invest in ways that meet all their community's needs (eg, funding long-term, large-scale programs and establishing integrated local health systems), they can show up in small ways. For example, health departments can:

- Regularly provide community members with information about public health issues through educational campaigns, topic-specific trainings, awareness activities, and other efforts to improve overall health and science literacy, particularly when faced with a public health issue. Because misinformation often fills gaps in knowledge, proactively providing useful and reliable information helps public health departments establish themselves as a visible, accessible, and trusted source of information and improve communities' resilience to misinformation.^{14,20} See [Priority 4](#) for more on anticipating misinformation.
- When possible, provide food, childcare, activities for children, incentives, and other supportive services during public health programs, meetings, and convenings.³ By doing so, public health officials show they are aware of barriers to community participation and are working to remove them. Such efforts can make community members more receptive to relationship-building.
- Advocate for communities by pushing for policy-level solutions to community members' health-related concerns.³³ Public health authorities often serve as mediators among communities, the government, and healthcare systems; by escalating community concerns into policy spaces, public health officials show they are willing to leverage their influence in support of their community. Resources like the NACCHO Advocacy Toolkit provide guidance on how public health officials can advocate for and with the communities they serve.³⁴

Being accessible, consistent, helpful, and dependable, and working in the best interests of the community, creates a strong foundation for community-based relationships to form naturally.

Task 2.3: Develop avenues for community members to integrate into the local public health community

Just as public health employees should meet communities where they are and invest in their goals, they can also create avenues for community members to serve as collaborators, partners, and advocates. Public health departments can use the following approaches:

- **Recruit community members into the public health workforce.** Public health officials can create pathways, opportunities, and enabling environments for community members to serve as community health workers, public health practitioners, health communicators, emergency response workers, and other staff roles.²⁵ When interest in community health increases during public health events, health department officials should invite community members to engage as volunteers, consultants, and experts. Even if health departments cannot provide funding or opportunities to train and hire a community-based public health workforce, they can connect community members to other resources, trainings, and opportunities.

- **Co-create programs and strategies with multisectoral community members.** Public health departments should recruit and retain community members and CBOs as thought partners, decision-makers, and implementers. They can convene coalitions, task forces, advisory groups, and other mechanisms to bring diverse community stakeholders together and co-create public health solutions, using tools like community visioning, coalition-building, and co-creation workshops.^{6,35,36} Community-based partners can leverage their deep knowledge of the community and established trust to bring more people into contact with public health.³⁷ Public health departments should make sure to build bilateral and multilateral partnerships with all stakeholders—not only health-related ones—that invest in creating a thriving future for health and wellbeing.³⁸
- **Implement integrated PHEPR activities with shared public health and community-based objectives.** During the COVID-19 pandemic, public health officials, primary care providers, and CBOs mobilized quickly and effectively to implement testing, vaccination campaigns, and other response activities for community members.³⁷ Public health departments and organizations with shared community health and wellbeing objectives should intentionally connect with each other prior to emergencies to establish mechanisms that enable integration of services. Public health officials and their partners should build off each other’s technical capacities, and, if appropriate, reduce operational constraints. Removing or streamlining barriers like rigid contracts or memorandums of understanding, time-consuming reporting requirements, non-negotiable terms, and requests for free labor will increase the likelihood of sustained relationships.³⁹

Task 2.4: Prioritize sustainability when building community relationships and evaluate progress

To build sustainable, trustworthy, mutually beneficial long-term relationships with communities, public health officials should invest in evaluating progress to understand how partnerships, social networks, community priorities, and inter-collaborator dynamics evolve over time. The following table includes best practices to sustain and evaluate relationships:

Table 1. Sustaining Relationships and Evaluating Progress: Do’s and Don’ts

	Do	Don’t
Sustaining Relationships	<ul style="list-style-type: none"> ✓ Align public health priorities with community members’ priorities¹⁷ ✓ Retain connections beyond the scope of a single project or funding cycle¹⁷ ✓ Build alliances well before public health events unfold and retain them afterwards^{20,22} ✓ Share decision-making, agenda-setting, influence, and leadership with communities⁶ ✓ Make a plan for maintaining relationships once funding runs out²⁰ ✓ Develop the community’s capacity to engage in public health efforts over the long term 	<ul style="list-style-type: none"> ✗ Only pursue relationships that are timebound and tied to specific projects¹ ✗ Expect communities to be ready to collaborate during a public health event ✗ Reinforce unequal and paternalistic power dynamics between public health officials and communities¹⁶ ✗ Back out on promises or be an inconsistent, unreliable, burdensome, or deceitful partner¹² ✗ Take communities’ time, resources, and social capital without providing benefits in return ✗ Give up on community relationships when they get messy

	Do	Don't
	<ul style="list-style-type: none"> ✓ Build positive expectations about the trustworthiness of public health 	
Evaluating Progress	<ul style="list-style-type: none"> ✓ Use evidence-based frameworks and approaches, especially participatory and mixed-methods research^{3,4} ✓ Check-in to assess progress at multiple stages of relationship-building¹² ✓ Analyze and disseminate results in conjunction with communities⁴ ✓ Celebrate “wins” and milestones as relationships grow over time³ 	<ul style="list-style-type: none"> ✗ Wait until the end of an engagement, program, or activity to evaluate progress ✗ Misuse the evaluation process to focus on and further one stakeholder’s interests⁴ ✗ Exclude certain community members because they lack technical expertise

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Priority 3: Create & Maintain Strong Partnerships with Secondary Messengers

Secondary messengers—people and institutions outside of public health departments and government agencies—play important roles in PHEPR by disseminating health messaging, building trust in public health, and dispelling misinformation.¹ Health departments may create formal partnerships with secondary messengers, such as working with CBOs that support public health message dissemination or conduct face-to-face engagement activities. Formal secondary messaging partners can include people and organizations that have established trust and good rapport with community members. Alternatively, some secondary messengers work informally or independently of health departments, such as when family members share health information in a group chat or when medical experts share health information on social media or other platforms.¹

Creating and maintaining partnerships with secondary messengers is an effective way for public health agencies to build social capital and gain trust with the community while addressing gaps in health equity.^{2,3} Establishing partnerships, either formal or informal, with trusted community influencers and organizations before a PHE allows health agencies to allocate the time, support, and resources to be more proactive with needed health initiatives, build stronger relationships, and establish trust.⁴⁻⁶ In addition to building trust and gaining new perspectives, another benefit of these partnerships is the ability to reach more demographic groups and potentially access hard-to-reach communities.³

Activity 1: Create a strategy for maximizing the use of secondary messengers in public health communication efforts

While many potential partners and secondary messengers may emerge during a health emergency, developing a pre-existing strategy that incorporates the needs of the community, strategic partners, and processes to provide value to both public health and partners can greatly improve engagement efforts. Furthermore, by planning for the inclusion of secondary messengers in public health communications, health departments can improve trust through longer term relationships and engagement with partners. Incorporating flexibility into strategies is key, as each partnership will require discussion and compromise between stakeholders.^{5,7}

Task 1.1: Conduct an assessment to understand needs of key partners and likely secondary messengers

Before establishing partnerships, public health communicators should learn about important health issues in their jurisdiction, who is affected, and the major contributing factors. This information can help in the development of region-specific plans to identify and engage with appropriate community partners that may serve as secondary messengers. There are different approaches to understanding community needs (see [Priority 2](#)), which vary in detail, time, and resources required. For example, health departments may conduct their own community health needs assessment or leverage ongoing assessments conducted by regional entities such as local hospitals.^{5,7}



Figure 1. Steps to conducting a community health needs assessment.⁷

Generally, community health needs assessments should be done cyclically and frequently to identify developing health gaps and policy implications.^{8,9} Based on the results, public health departments can more easily quantify what is needed from community partners, identify key relationships, and adapt relationships as needs evolve.^{6,8}

Task 1.2: Identify and engage with potential strategic partners for secondary messaging

After collecting information about community needs, public health departments should identify and strengthen connections with potential partners that are well-known and trusted in the community.⁶ Some potential approaches are described below. Existing free toolkits like NACCHO's *Mobilizing for Action Through Planning & Partnerships 2.0 Handbook (MAPP 2.0)* provide in-depth guidance on best practices to identify and engage community stakeholders.⁶

Table 1. Avenues to discover and connect with formal and informal secondary messengers^{3,10,11}

Type of partners	Methods for identifying secondary messengers
Formal Messengers	<ul style="list-style-type: none"> • Research local CBOs, including mission statements, current initiatives, and existing community relationships, and reach out to them directly. • Attend community events and other listening opportunities to identify local leaders and trusted organizations. • Host brainstorming sessions and community forums with ample opportunities for public contribution to gather input and identify passionate interest groups. • Create opportunities for public comment and input on public health topics of interest to establish a list of key stakeholders. • Release a request for proposals directed to local CBOs describing the details and goals of the partnership.
Informal Messengers	<ul style="list-style-type: none"> • Evaluate social media metrics to identify what posts are being shared in local community groups and by whom. • Host a public health booth at community events with informational handouts, volunteer opportunities, and promotional materials about upcoming health events. Add interested individuals to email contact lists. • Connect with local community groups and peer networks to spread health messages that can be further shared with their family and friends. • Create an opt-in text messaging service to provide public health tips and information to subscribed community members (eg, reminders about flu season) that can be forwarded to family and friends.
Formal and Informal Messengers	<ul style="list-style-type: none"> • Speak with current partners to see if they can recommend additional stakeholders from their own networks.³ • Network at regional conferences or community events to identify individuals or CBOs with similar goals and potential willingness to partner. • Interact with individuals who attend public health events or reach out for information. Health departments can ask how they heard about events and about what or who influences their health choices and behaviors. • Provide community members with opportunities to participate on public health advisory boards. • Collaborate with local healthcare organizations and networks to ensure clinicians are confident to discuss and promote messages. • Work with local media outlets to promote pertinent and audience-specific health information. • Partner with local sports teams and social groups/clubs for sponsorships, information-sharing platforms, and partnerships. • Host in-service trainings for community health workers and advocates about how to promote messaging. • Leverage advocates and secondary messengers in third places, like barbershops or salons. • Build coalitions of local stakeholders to advise and promote messaging strategies. • Mobilize young people on university and community college campuses to promote messaging. • Provide messaging and programmatic spaces to librarians. • Post informational and promotional materials on notice boards throughout the community. • Partner with local fire and EMS departments that can provide life-saving information to at-risk populations such as older adults and people with access and functional needs.

Task 1.3: Identify public health capacities and resources that can be leveraged as benefits to formal secondary messengers

Public health partnerships should be equitable and mutually beneficial to partners. To achieve this, health departments should identify the resources and services they can offer to formal secondary messengers, especially because limited funding may not allow for direct compensation.^{3,10} Getting input from current or potential partners helps ensure that partnerships make sense and are providing mutual benefits. Public health agencies should regularly check-in with their secondary messaging partners before, during, and after PHEs to verify that partners are benefiting. Some examples of benefits include assistance with non-health emergency initiatives, financial support, health services at events, communication resources, and workforce development assistance.¹⁰ Keeping partners informed about guidance changes or emerging issues, as well as the science that supports any policy changes, can also help them support the community.

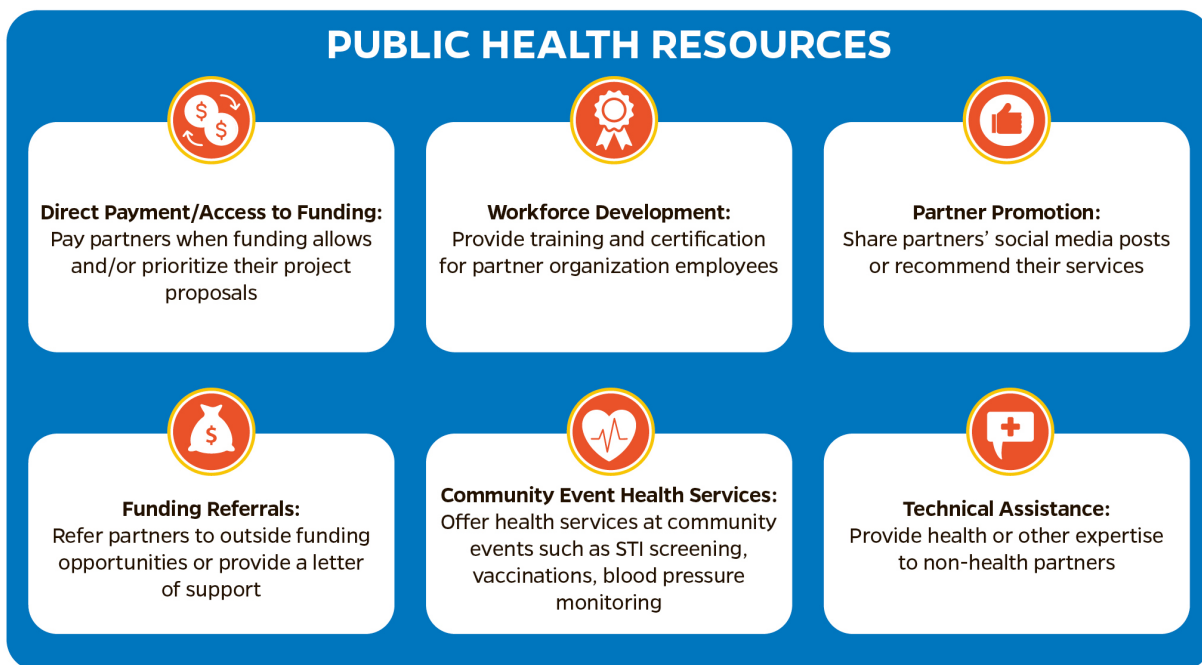


Figure 2. Examples of public health resources that can be shared as benefits for secondary messengers.^{3,10,12,13}

Activity 2: Develop formal processes to engage and incorporate secondary messengers into message development, distribution, and evaluation efforts

Formal processes that incorporate selected secondary messengers into sustainable, mutually beneficial partnerships can improve public health efforts to enhance communication and trust. These procedures require flexibility and thorough planning and discussion, as each partnership will be different; however, having formalized procedures provides partners with a clear understanding of engagement, onboarding, and needs. Building these relationships before emergencies will strengthen response capabilities and allow more time and effort to build the partnership.⁵

Task 2.1: Develop shared expectations with potential partners

Health departments should connect with prospective partners to develop mutual expectations and delegate responsibilities. Depending on how potential partners are identified, approaches will vary.¹⁴ For example, health departments can provide resources and information about their initiatives to identified partners, outlining goals and reasons for the partnership.^{7,10} Both public health officials and partners should discuss expectations and strategies for secondary messaging, ensuring each stakeholder's needs are met to achieve individual and shared goals. Partnership terms should be developed collaboratively and regularly reevaluated to maintain equitable alliances in evolving environments. Health departments should check in frequently and regularly with partners to assess successes and failures, adjust strategies, provide support, identify challenges, and evaluate the overall partnership.^{5,10,13} Recognizing and acknowledging power differentials and careful planning can cultivate trust and clarify roles between partners.^{5,6,10}

Task 2.2: Collaborate with partners on message development and distribution efforts

Community partners can provide valuable insights, help tailor messages to specific audiences, and reach a broader audience through existing relationships.^{3,6,9,12,15-17} Collaborating effectively with already trusted community partners can help public health departments bridge gaps in trust, especially with historically underserved communities.^{3,6,10} Depending on the partnership and its goals, there are various ways to work with partners on message development and dissemination. This can include identifying and crafting messages for specific audiences, finding and filling gaps in current messaging strategies, sharing messages across partners' social networks and other platforms, or leveraging existing community relationships to strengthen trust in public health. It is important for health departments to share with partners not only the messages they wish to convey but also the broader rationale behind them, including the department's role in decision-making. Throughout the message development and delivery process, both partners should continuously evaluate their messaging strategies and develop strategic plans that leverage successes and navigate barriers. See [Priority 5](#) for further guidance on message development, tailoring, and evaluation.

The following table shares examples of partnerships, outlining what partners shared and how they benefited.

Table 2. Real examples of public health partnerships

Example	Benefit to public health	Benefit to partner
The Academic Public Health Corps (APHC) partnered with the Association of Islamic Charitable Projects Massachusetts (AICP) on a COVID-19 Vaccine Equity Initiative through a competitive grant process. ¹³	AICP revealed to APHC the need for more culturally representative informational materials. AICP provided guidance on how best to execute the development and dissemination of the materials, including distributing the finalized materials at their events. ¹³	APHC held an informational webinar for AICP audiences on COVID-19 and vaccination with live Arabic translation. A recording was made available to those unable to attend. APHC also held a Q&A session during which community members could discuss cultural concerns that were not addressed in public health messaging. ¹³

Example	Benefit to public health	Benefit to partner
<p>The Hawai'i Public Health Institute (HIPHI) ran a competitive grant program to support local CBOs' COVID-19 outreach programs. Partners in Development Foundation (PIDF), a nonprofit supporting underserved and hard-to-reach communities in Hawai'i, won one of these CBO grants to implement 2 projects.¹⁸</p>	<p>PIDF leveraged their network of community partners to distribute more than 70,000 COVID test kits and personal protective equipment to rural island communities that HIPHI may not have been able to reach otherwise. Additionally, PIDF facilitated Global Biorisk Advisory Council training covering infectious disease mitigation strategies and proper disinfection processes for more than 400 individuals.¹⁸</p>	<p>HIPHI provided necessary funding support to PIDF's program development and distribution efforts, allowing them to better serve their community and meet their unmet public health needs.¹⁸</p>

Partners may also assist in increasing social media engagement, including by offering valuable insights about community behavior and highly trafficked sites and platforms. Public health agencies can use this information to cultivate a stronger social media presence with higher potential for engaging informal secondary messengers. Additionally, promoting public health messages and social media posts on partner platforms can increase visibility and encourage sharing.¹⁹

Activity 3: Cultivate opportunities for informal sharing of messages

Informal secondary messengers are individuals, groups, or organizations that share health information without any formal agreement with public health agencies. This approach is a cost-efficient and effective way to distribute impactful information via social media platforms or physical materials. Examples of informal secondary messaging include posting health department memes in group chats or sharing health department posts on social media or in-person. This approach helps public health departments or other government agencies reach social networks and their community members who might not be reached by formal partnerships.¹

Task 3.1: Leverage informal secondary messengers in virtual spaces

Social media platforms can be a high-impact and low-effort tool for increasing public health messaging visibility. Posting shareable infographics on public health social media pages is an easy way to build an audience and increase message amplification. In some cases, however, limited attention is focused on public health-sponsored pages. In these cases, identifying other virtual spaces frequented by intended audiences is critical. Monitoring and participating in social media trends, when appropriate, is another way public health departments can increase engagement and gain larger audiences.¹⁹ See [Priority 5](#) for guidance on developing impactful social media messaging.

Health departments should keep in mind that messages may be shared in their original format or altered. Therefore, it is important that key public health ideas are clear and prominent to retain accuracy. Be cautious of the potential for distorted messaging or the loss of important context during sharing.

Task 3.2: Leverage informal secondary messengers in physical spaces

Another way of leveraging informal partnerships is in physical spaces. Public health departments can participate in community events, distribute informational materials in community spaces, and engage in other activities that provide audiences with relevant and up-to-date health information. Participants can take this information home or to other events and distribute it to other audiences. For example, school-aged children who speak a different language at home might learn about health topics at school and tell their families about the information.¹

Public health employees engaging in dialogue at events can build trust, which can help public health messages spread through word of mouth.⁷ Increasing face-to-face time with community members increases the likelihood that they will spread public health messaging to their families, workplaces, or social circles. Public health departments should take these opportunities to share information, answer questions, and encourage continued dialogue.

In addition to attending events, public health employees can, with permission, leave health-related materials in community gathering spaces like the YMCA, public restrooms, local barbershops, churches, schools, etc., for passive distribution. Customizing materials, with support from formal partners, to match community demographics and cultures can help more people see and understand such resources. See [Priority 5](#) for more on developing materials.

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Priority 4: Anticipate Misinformation & Potential Loss of Trust

Misinformation undermines trust in public health. Lack of trust in public health, due to misinformation or other factors, reduces the effectiveness of public health communication. While [Priority 1](#), [Priority 2](#), and [Priority 3](#) recommend enabling capacities and activities that build trust, and Priority 5 covers public health messaging and evaluation, this section describes how public health departments can anticipate and proactively mitigate common threats that diminish trust in public health, including misinformation. Table 1 provides a brief summary.

Table 1. Brief summary of common threats to trust in public health and how they may be addressed

Anticipate...	Action...
People may not thoroughly understand what public health is or what public health departments do.	Engage in pre-emergency outreach that talks about the benefits and roles of public health. Provide easy ways for the public to seek information from public health departments before, during, and after emergencies.
PHEs may emerge rapidly and evolve over time, generating uncertainty. People and public health departments may seem to be on different pages, which could generate confusion—or even frustration—for everyone.	Provide structure to and transparency of public health communications early and throughout the emergency. Demand for information, interests, concerns, and emotional needs may fluctuate throughout the emergency, and public health guidance likely will shift in response. ¹ Communicating openly and honestly at a regular cadence will help lower the risk that the public views potential threats as abstract or has unclear expectations of emergency response guidance and countermeasures.
Misinformation will arise that undermines trust.	Establish processes to stay aware of circulating rumors. Consider ways to make the public more resilient to misinformation before it arises, including promoting access to and use of trusted sources.

Activity 1: Enable appropriate understanding of what public health is and does

Public health—as a concept, an area of work, and a government service—suffers from a lack of shared understanding about its roles in and contributions to the community. Following the COVID-19 pandemic, some people may think of public health only in the context of a global health emergency or could hold negative views of public health because of certain response efforts.²⁻⁴ These negative perceptions and misunderstandings must be addressed to prevent the potential loss of trust during an emergency.² This section reflects on how public health departments can leverage existing outreach efforts to educate people about what public health is and isn't, how public health efforts benefit society, and how people can get in touch with their public health department—thereby hopefully mitigating losses in trust.

Task 1.1: Establish what public health is and its benefits to society

The first time people engage with public health should not be during an emergency.²⁻⁴ Regularly exposing the community to the valuable day-to-day work of public health departments can help build a baseline of awareness and mitigate distrust during public health events. Communicating about the diversity of public health activities—such as keeping people safe from drowning, making sure food is safe to eat, keeping water clean, and helping prevent chronic diseases—helps to increase public health’s visibility and show its valuable contributions to communities. This can be done through traditional, new, and community-driven communication channels. For example, creating public health-related stories, posts, and other content across health department social media platforms can build a following of community members, raise awareness, and promote trust in the “brand” of the public health department.² Although these activities are often considered part of normal public health communication activities, health departments should prioritize them as a critical part of emergency preparedness.

Task 1.2: Clarify how government services—including the public health department—are organized

While it is important to share what public health does well, it is equally important to inform the community about those activities or decision-making capabilities that fall outside its scope, as well as how activities are organized within the health department. For example, if someone asks the HIV team about non-HIV services, public health staff should refer that person to a point of contact responsible for those specific services and explain why they cannot help, rather than simply declining to assist because the request falls outside their scope, as the latter could damage trust. Having a single community engagement team that cycles through all health department sections may aid in this effort. Investments in health and government literacy also can help the public better identify and utilize needed public health services, as well as build and maintain trust between health departments and communities.²

Task 1.3: Explain the goals and thought processes behind public health operations

Public health communicators should share their departments’ goals and processes in transparent and accessible ways. Highlighting goals such as keeping food safe, promoting healthy environments, and preventing disease outbreaks can help emphasize how community values are reflected in public health activities. Similarly, explaining decision-making processes can help to answer “how” and “why” questions related to public health actions. When the public understands how public health departments operate and their core goals, they are more likely to support public health activities during emergencies, even when those activities are challenging or burdensome.²

Some specific ways that public health departments can better share public health goals and processes include publicizing strategic planning processes and outcomes with members of the public; providing health boards and the public with descriptions of operations around specific health threats or topics; and ensuring that staff who regularly interact with the community, such as health inspectors, have written materials to explain how and why they are doing their work.

Task 1.4: Plan robust public feedback mechanisms prior to an emergency

Public health communication is not always immediately clear and comprehensive to the public. There may be additional questions, concerns, or needs for clarification. Providing opportunities for real-time dialogue between public health communicators and people, online or offline, as well as other speedy feedback mechanisms, is key to avoid confusion, frustration, or potential losses in trust. Examples include telephone hotlines staffed with public health employees who can answer questions, address concerns, or provide information; regularly monitored email inboxes and health department social media pages; and front desk personnel at the health department to welcome visitors and answer phones.²

In setting up robust communication mechanisms, it is important to avoid potential pitfalls. Failing to follow up on inquiries can lead to confusion and a reduced likelihood of informal secondary messengers sharing health department messages effectively. Failing to acknowledge feedback or lacking friendliness can lead to broken trust. Poorly monitored and maintained communication methods may do more harm than good if people feel ignored and discounted. Note that additional feedback mechanisms should be accessible to CBOs via other means, such as designated health department staff members acting as consistent points of contact for community partner feedback and needs.²

Furthermore, by monitoring these feedback points, health departments may be better able to evaluate the reach and effectiveness of their communication efforts. If capacity allows, daily monitoring of public feedback mechanisms can greatly improve the department's responsiveness to community needs. Formal indexing and analysis of questions, comments, and concerns can help public health agencies better understand potential problem areas. Advisory committees, CBO leadership forums, or focus groups can help gather community sentiment and provide comments.² See [Priority 5](#) for more information on evaluating public health messaging.

Activity 2: Set expectations for public health response and communication at the start of a health emergency

Setting expectations at the start of a PHE can help ensure that the community is less surprised by emerging issues as they evolve. Clear expectations can help keep public health agencies accountable and, when met, preserve or increase levels of trust.

Task 2.1: Help members of the public understand issues of uncertainty

Emergencies are inherently uncertain events. As a PHE emerges, standard communication practices are to share what is known, unknown, and what is being done to fill those gaps.³ Describing any issues of uncertainty at the start of an event, as well as the scientific processes being undertaken that could help shed light on the situation, can help ensure public understanding and set appropriate expectations.⁵

While emergency communication can be relayed through social media-focused materials and appealing visuals, one of the most important channels to communicate uncertainty is through in-person briefings or recorded comments by health officials. Showing humility and relatability in stating “we don't know” is a valuable source of empathy and connection. However, public health departments should consider the needs of intended audiences to determine the

best ways to share information. In some situations, audiences may perceive officials' lack of knowledge negatively, especially if they feel enough time has passed that answers should be available.²

Task 2.2: Establish processes and plans to communicate changes in guidance as understanding evolves

Along with sharing information about uncertainties, public health communicators should set expectations that while current guidance and approaches are based on the best available information, changes could and likely will occur as understanding about a PHE improves or the situation evolves.⁶ Developing processes and plans for how to communicate these changes in a timely and transparent way is important to maintain a rapport with the community.⁵ Public health officials should emphasize that any changes will be based on continuing analyses of the most up-to-date information.

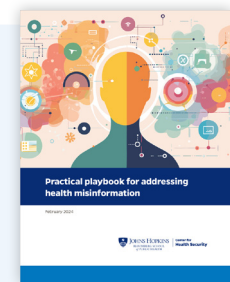
Task 2.3: Set an appropriate communication cadence

In times of uncertainty and change, there is significant demand for new information and situational updates. When the public does not know when to expect updates, requests for new information can become more frequent and can leave voids that might be filled with rumors or incorrect information. By setting a predictable, appropriate, and clear communication cadence, public health communicators can help set expectations for when new information will be shared and preserve trust. The appropriate frequency of updates depends on the type and phase of emergency, health department capacities, intended audience, and communication channels. Additional communication opportunities may be inserted into the communication cadence if a specific need arises.²

Activity 3: Track, analyze, understand, and plan for anticipated rumors in local contexts

The spread of misinformation and disinformation is now an expected part of public health emergency events. Therefore, the public health community must anticipate misleading rumors and design processes to deal with them ahead of time.

The project team has developed several other resources to assist in these efforts, including a framework for anticipating likely rumors during an emergency and the [Practical playbook for addressing health misinformation](#), which takes a hands-on approach to help public health communicators recognize and respond to health-related rumors and misinformation.^{7,8}



Task 3.1: Establish tracking and analysis systems for social listening

Public health communicators can better understand their information environments by tracking and analyzing online content, often referred to as “social listening.” They can use social listening tools such as Google Alerts and Talkwalker to manage information during an infodemic.^{9,10} They can also use informal methods, such as taking notes on questions asked at in-person events. Analysis of this information can be formal, like preparing a detailed insights report, or informal, like looking for common themes of rumors that arise.

Tracking and analyzing information at the community level can help improve understanding of issues specific to geography or culture that could require specialized intervention. Community health workers and public health nurses are well-positioned to help collect rumors and should have ways to share that information with public health communication teams.² Additionally, public health departments should track rumors that were widespread during past health events, as these likely will re-emerge in future emergencies.

Task 3.2: Integrate an understanding of local audience values and needs with expected rumors

Understanding local audience needs, values, and priorities is a core component of everyday public health operations. This knowledge is critical to ensure appropriate and trusted communication during an emergency, which is why it is covered in-depth in [Priority 1](#) and [Priority 2](#). These factors should also be considered in the context of expected rumors that are likely to emerge during an emergency. Most rumors, misinformation, and disinformation leverage strongly held beliefs and concerns,⁷ such as anxieties related to fertility, perspectives on the role of government, and worries about profiteering.¹¹ Undertaking efforts to broaden understanding of local communities can help public health communicators anticipate and prepare for these types of rumors.⁸

Task 3.3: Develop prebunking and inoculation messages

Prebunking is a process to “inoculate” people against misleading information, like vaccination against a disease.¹² The idea involves showing people examples of misinformation and explaining the tactics typically used to persuade beliefs. By providing that information, individuals are better able to understand and identify misinformation when it arises, less likely to spread or share misinformation, and less likely to be persuaded by or believe misinformation when exposed to it.¹³⁻¹⁷

The first steps to developing prebunking messages include the previous 2 tasks, understanding possible rumors and how they resonate with local community needs and values. Existing guidance on prebunking approaches focuses on telling the truth; exposing known tactics, such as attributing misleading content to “experts”; and warning of expected misleading information.¹⁸⁻²¹ The figure below, based on research from First Draft, provides more information on developing prebunking messages.¹⁹ Public health departments can also use gamified prebunking tools, such as *Bad News* and *Go Viral!*.^{22,23} For more information about prebunking and when or how to use it, see our [Practical playbook for addressing health misinformation](#).⁸

10 TIPS FOR PREBUNKS

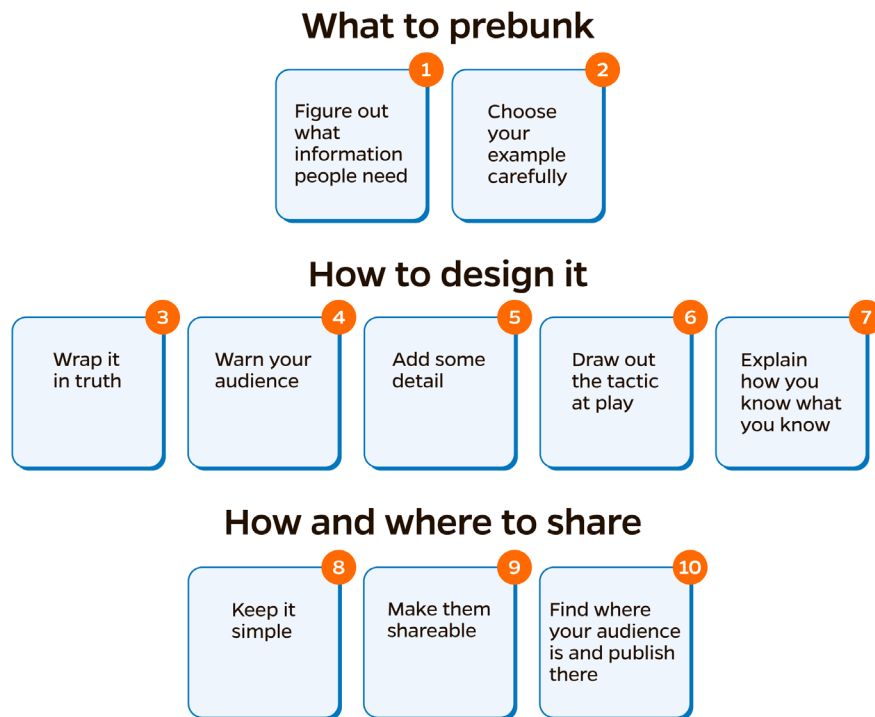


Figure 1. Tips for developing prebunking messages, adapted from First Draft¹⁹

Activity 4: Promote use of and access to trusted sources

People are less likely to trust or turn to misinformation if they have the skills or knowledge to identify rumors as misinformation and if they have easy access to information from official sources, like the public health department.

Task 4.1: Facilitate access to trustworthy health information and teach critical thinking skills to enhance information self-sufficiency

Improving public resilience to misleading health information is the ultimate goal of public health communicators. Cultivating a misinformation-resilient public involves providing access to and tips on how to find trustworthy sources for health information and teaching critical thinking skills to help people collect and evaluate health information.^{8,24,25} Working with public health colleagues involved with other behavior change efforts, such as chronic disease prevention or tobacco control, as well as trusted community partners, is beneficial. For instance, including health and digital literacy training on various public health topics in school curricula or during presentations at other community venues can be helpful.²⁶

Task 4.2: Enhance information accessibility and understandability

Effective public health communication requires accessible and understandable content.^{27,28} Translators and accessibility experts are important to creating communication materials in languages and formats that intended audiences can understand. Materials should not only be readable but also culturally relevant. Leveraging the knowledge of community members, including public health colleagues, or CBOs can help improve information dissemination. Translation services should be set up before health emergencies, as contracting and funding

mechanisms can slow timely delivery when information is changing quickly. Additionally, public health staff can provide clear guidance on where to go for additional culturally or linguistically appropriate health information, such as CBOs or trusted online resources.²

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Priority 5: Formulate Key Message Components & Maximize Message Engagement

Developing, tailoring, and evaluating key messages is essential to increase messaging effectiveness and the likelihood of positive health behavior change.¹⁻³ Key messages are the primary pieces of information that messengers want their audiences to receive, comprehend, remember, and use.⁴ Tailoring these messages, which involves adapting major message features like the messenger, channel, use of dialogue, content, tone, and visuals, can help strengthen message effectiveness and reach. Formatting these messages requires careful attention to details like history, culture, shared values, empathy, available technology, and the trustworthiness of the cited source. Messaging efforts should also be continually evaluated to assess their reach and impact to inform further tailoring or new message development. Neglecting these actions can result in low engagement and low uptake of messaging or a failure to reach intended audiences. The [Tailoring Tool to Increase Message Uptake & Trust](#) in the [Appendix](#) can be used to summarize and apply advice from this section.

Activity 1: Draft key messages

The first step of message development is to formulate key messages based on the information needs of the community. See [Priority 2](#) and [Priority 3](#) for more on how to understand the information needs of communities.

Task 1.1: Embrace a basic content format for communicating accurate information in an emergency

During a PHE, health departments need to quickly disseminate accurate information and recommendations to the public. Effective messages often use the following format and approach:

Introductory statement: This can be a statement of shared concern or a statement of intent or purpose for the message. Generally, cultural competence and empathy should be emphasized.⁵

Key Messages: These include 3–5 of the most important takeaway statements. Public health communicators should consider these 5 elements to motivate public action and compliance.⁶

- **What** is the action?
- **When** should the action take place?
- **Where and who** should act?
- **Why** should they act?
- **Whose** advice is being shared?



Justification: Messages may benefit from including a justification, such as data from reliable sources trusted by the audience, to support the takeaway statements.

Conclusion: End with a limited number of summarizing statements and include simplified repetition of key messages. Communicators should work to leave time or create other opportunities for questions and discussion if possible.

Task 1.2: Employ specialized approaches to confront rumors

When public health practitioners are responding to existing or anticipated misinformation, they need to consider the risks posed by the spread of that specific rumor and the capacity of the health department to respond. For example, an approach called the “truth sandwich” can be an effective way to prevent the unintentional spread of false or misleading claims.⁷⁻⁹ Messages should:

- Start with the truth
- Indicate the lie and avoid amplifying specific language, if possible
- Return to the truth

See the “Truth Sandwich” Sample Script callout box for more details. For more specific guidance on how to craft content to address misinformation, see our [Practical playbook for addressing health misinformation](#).¹¹

“Truth Sandwich” Sample Script

“Disease X,” a term coined by the World Health Organization (WHO), represents a future unknown disease with uncertain characteristics.¹⁰ Uncertainty in the early stages of an emerging PHE is common, and rumors can circulate widely in these situations. Here is an example of how the truth sandwich would be used in this situation:

Truth We understand there is a lot of public concern related to the emergence of Disease X. What we know right now is that Disease X causes [insert true symptoms].

Lie There is no evidence that Disease X has caused [insert false claim: eg, infertility] in children or adults.

Truth Disease X causes [insert true symptoms], and we will continue to share information as it becomes available.

Task 1.3: Consider and apply lessons from existing messaging models

There is a growing body of work related to key message development. Resources like toolkits, vetted talking points, and infographics created by the Public Health Communications Collaborative (PHCC) have served as a framework for many individual and community leaders to draft their messages. Additionally, the Crisis and Emergency Risk Communication (CERC) program, created by the Centers for Disease Control and Prevention (CDC), provides trainings, tools, and resources to help communicators, emergency responders, and leaders of organizations communicate effectively during emergencies.¹² Public health messaging should be simple, concise, empathetic, memorable, tailored, and impactful.

Table 1. Message components based on the CERC framework¹³

CERC considerations	Application
Present a concise message	Avoid jargon, keep it simple, only include relevant information
Repeat the main message	Frequently heard messages can help with retention when uncertainty is high

CERC considerations	Application
Give action steps in positives (when feasible)	Tell people what to do, more than what not to do
Create action steps in threes and fours	Short lists are easier to remember
Use personal pronouns	Humanize the message with I/we statements
Respect people's fears and perceptions	Recognize emotions, avoid judgement and condescension
Give people options	Avoid patronizing or domineering ways to inform decision making

Health departments may also draw from their own experiences, considering prior successful messages for similar events or pre-scripting messages for later updating and tailoring.

Activity 2: Tailor messages based on understanding of the intended audience

Message development should center around understanding messaging needs from audiences and their preferences for how to receive and meaningfully engage with information. Providing information is not enough, especially in populations distrustful or suspicious of public health officials. Messages should be framed appropriately according to intended audience characteristics and values.¹⁴ Furthermore, public health communicators should consider the value of incorporating two-way dialogue, rather than one-way messages with no feedback mechanism, to increase receptiveness, promote trust, facilitate evaluation efforts, and improve effectiveness.¹

Task 2.1: Identify intended audiences for messaging

Often, a public health message is directed at the general public, but sometimes health departments want to prioritize messaging toward a specific intended audience. These audiences may be identified based on demand for accurate information, poor reach of existing accurate messaging, dynamics of circulating rumors, unique information delivery needs, or increased risk or vulnerability to the public health emergency at the time. Some audiences may be large and broad (eg, a demographic category at greater risk of severe disease outcomes), small (eg, a specific affected neighborhood), or even a specific individual (eg, a community member with questions). Prior to an emergency, communicators can use past experience, community data, real-time situational awareness (cultivated in [Priority 1](#) and [Priority 2](#)), partner expertise (drawn from [Priority 3](#)), and community feedback (established in [Priority 4](#)) to identify potential intended audiences for key messages.^{1,11}

Task 2.2: Consider specific needs of the intended audience that may influence their perspectives on public health messages

Different intended audiences have varying needs in how best to frame and present messages to ensure the information fits within their values and belief systems. Message developers should review their knowledge of their intended audience as laid out in [Priority 1](#) and reflect on the demographic characteristics, values, and needs of the audience. Then, public health communicators should reframe message content based on that information as well as input from partners.

Here are a few examples¹ of how messages may be reframed according to intended audience characteristics:

- Audiences that distrust public health authorities may be more receptive to messages that do not reference public health authorities.
- Resource-strained communities may prefer messages to be accompanied by support to carry out recommended actions, such as providing masks when recommending mask wearing.
- Broad messaging to diverse audiences with variable needs and willingness to adhere to public health measures may benefit from a harm-reduction approach so that individuals can tailor their actions to address their own risk profiles.
- Populations with strong values regarding personal choice and freedoms may respond better to messages that share information to help with health decision making or personal stories about difficult decision making from members of their own community.
- Populations with limited awareness of public health may benefit from regularly engaging with a specific spokesperson or outreach team.

Task 2.3: Engage in dialogue to build trust, increase message effectiveness, and combat misinformation

Two-way dialogue between messengers and community members can build trust and increase messaging effectiveness. This may involve engaging with the intended audience over the long-term, taking part in feedback sessions, providing dedicated space for responding to specific questions or concerns, or receiving feedback regarding communication activities. Two-way communication is important to improve awareness of public health, facilitate identification of and response to the community's information needs, conduct social listening to monitor circulating rumors, actively combat misinformation and disinformation, evaluate receptiveness to messaging, and, overall, increase trust with communities.¹

Two-way communication between public health messengers and intended audiences can be conducted in various ways depending on the needs and preferences of community members and health department abilities.¹⁵ Examples include allowing for Q&A after a town hall, turning on and answering comments on social media posts, or conducting in-person community engagement at events or in third places.^{1,15,16} When considering engagement in debunking disinformation on social media, critically evaluate the time it takes and the possible impact, including the potential to elevate disinformation. Public health communication teams should always engage with community members with a polite, calm, respectful, compassionate, and nonjudgmental demeanor, even if that same attitude is not returned, as bystanders can be sensitive to perceived disrespect toward community members.¹

Activity 3: Ensure messages get to intended audiences via preferred channels and trusted voices

Understanding which communication channels and voices will reach and be trusted by your intended audience is essential for a message to be heard and internalized. Options for message channels and engagement of trusted voices may be dependent on the available resources, skills, or leadership support.¹

Task 3.1: Tailor channel utilization to increase engagement with intended audiences

Often, intended audiences are more receptive to receiving information from certain communication channels more than others. Some important communication channels include social media platforms, messaging apps like WhatsApp, radio stations, television broadcasts, print media, press releases, email newsletters, flyers, and in-person engagements such as neighborhood events, religious gatherings, and town halls.¹⁷ Some audience members may have differing levels of accessibility to receive and understand communications or differing levels of trust for information received through certain channels compared with others. For example, younger generations may be more likely to engage with messaging delivered through social media or memes,^{1,6} while rural populations may find messaging through the radio or in-person engagements more accessible due to lack of broadband coverage.^{1,18}

These different channels require different messaging approaches, and some channels are more appropriate for certain message content and complexity. For example, to create effective messaging for social media, engaging content often consists of bright colors, adapting content based off existing trends on platforms, use of emotionally engaging content, and other similar “viral” tactics.^{19,20} The most effective communication channels will not simply expose intended audiences to information but also enhance opportunities to build trust in public health messaging. Public health communicators should consider infrastructure, personal choice, social norms, and economic levels, among other features, as potential factors that influence intended audiences’ choice of communication channels.² In many cases, communicators will need to use more than one channel to ensure broad visibility.¹

Task 3.2: Identify and integrate trusted messengers into messaging efforts to increase uptake and effectiveness

Message developers should review their knowledge of the intended audience, as discussed in [Priority 1](#), reflect on who the trusted messengers are for that audience, and consider what individuals or organizations could deter message uptake. Intended audiences are less likely to be receptive of messengers they view as untrustworthy or inaccurate while they may be more receptive of messengers they perceive as trustworthy according to shared values, history of interaction, reputation, and affiliation.² For example, intended audiences with low trust in public health may be more receptive to messaging coming from a local non-health-related community leader rather than an official health department spokesperson.¹ These secondary messengers should also have a voice in message development and tailoring as circumstances allow to increase message effectiveness. Otherwise, messages may come off as inauthentic. For more information on fostering successful partnerships with secondary messengers (ie, non-health department messengers), see [Priority 2](#).

Activity 4: Design messages using tone and visuals that will resonate with intended audiences

Incorporating the correct tone and visual components of the message is important to increase reach and opportunities for additional spread through secondary messengers. In some cases, this may mean detouring from standard public health language toward approaches with more humor or lighthearted features.²¹ Innovation, creativity, and risk-taking beyond existing PHEPR communication practices are needed to keep up with a rapidly evolving communication and media landscape and maximize engagement. However, as always, public health

communicators should take an issue-specific approach to incorporation of these features to find an appropriate balance for the topic at hand.¹

Task 4.1: Increase engagement by using eye-catching visuals and other formatting

Incorporating visuals, particularly for social media or online content, is key to maximizing engagement, including “likes,” comments, and sharing/reposting.¹⁹ In general, good practices include the use of bright colors, simplistic graphics, positive imagery, easy-to-read text, visuals of people and locations representative of the intended audience, accessible visuals and audio, and native speaker translation of language, if applicable. On social media, using hashtags in descriptions, presenting interactive content, embracing visuals or audio from social media trends, creating or enhancing a character persona for the speaker, and including movement/video instead of static imagery can all increase intended audience engagement.^{20,22} When making decisions on how best to incorporate and utilize visuals, consider the nature of the emergency, the identity of the messenger, the channel used to deliver the message, the intended tone of the message, and the greater cultural, situational, and historical contexts.^{1,23}

Task 4.2: Revise messaging content and tone to increase messaging reach

Intended audiences may engage more with alternative, more creative, or “outside-of-the-box” message content and tone. Examples include messages that use humor or references to current cultural trends (eg, social media platform trends, memes), reference common experiences of the intended audience (eg, use of cultural touchstones or hyperlocal geographic icons), or reframe recommendations based on moral values for issues that have become politicized.^{1,20,22-24} These types of content changes and tone shifts are best implemented when those with lived experience similar to the intended audience (eg, outside partners who are a part of and serve that intended audience) are leading message tailoring or able to provide input and feedback. Otherwise, this kind of tailoring could backfire²³ and risks being perceived as insensitive, inappropriate, or even offensive. See [Priority 1](#) and [Priority 2](#) for more information on recruiting individuals to help with this type of tailoring.

When done correctly, tailoring can make it more likely that intended audiences will engage with the message and even share the message within their own peer or family groups, expanding message reach. Furthermore, social media content of a humorous or emotional nature is more likely to be promoted and viewed on feeds,²⁵ and social media algorithms are more likely to promote demographically tailored and/or trendy content to intended audience viewers.^{1,20,22}

Task 4.3: Sync message tailoring for maximum effectiveness

After determining the most appropriate and effective tailoring for the messenger, channel, use of dialogue, visuals and other formatting, and message content and tone, it is important that communication teams ensure that each piece complements others appropriately. Message tailoring efforts should be synced while keeping in mind the nature of the emergency, intended audience values, the information being conveyed, and cultural, situational, and historical contexts. It is recommended that syncing efforts be done in conjunction with input from or evaluation by individuals with lived experience similar to the intended audience (eg, staff members local to the area, CBOs that serve the intended audience).¹ Further guidance on messaging evaluation is described in [Activity 5](#) below.

For example, by following the V.I.R.A.L. mnemonic depicted below, social media videos communicating preventative health behaviors may be best tailored with humorous tones, use of positive imagery, and incorporation of social media trends.^{1,20}

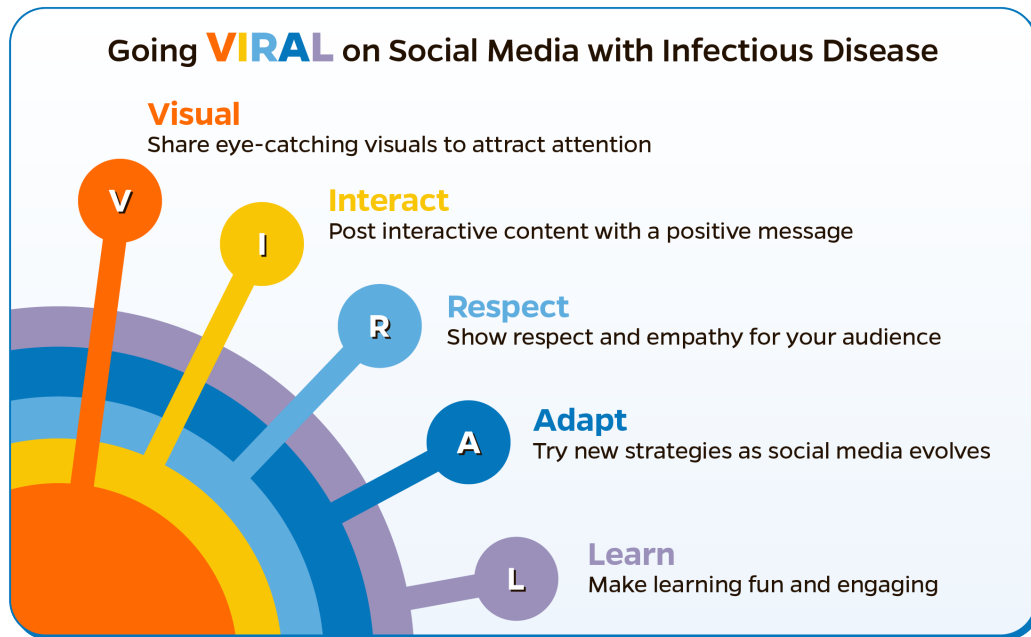


Figure 1. V.I.R.A.L. mnemonic for social media engagement strategies in infectious diseases, adapted from Langford BJ et al.²⁰

However, other messages or other channels may be best paired with different types of tailoring. For example, in-person engagement with populations distrustful of public health may be better accepted if they address concerns via dialogue with a calm, neutral, empathetic tone rather than using humor, which would be inappropriate in this setting.

Activity 5: Regularly evaluate the engagement and impact of PHEPR communication efforts

Determining whether messaging influences successful behavior change is difficult to evaluate, but various methods can help health departments assess and adjust their PHEPR communication activities.²⁶⁻²⁸ These methods should be built into the cycle of developing and disseminating PHEPR content to help tailor messages, reach intended audiences, and increase messaging effectiveness.¹¹ Ideally, messages should be evaluated before and after being shared, as shown in the figure below.¹



Figure 2. Message evaluation cycle

Task 5.1: Select and execute an evaluation process complementary to organizational goals and capacities

It can be difficult to determine the direct or indirect impacts that risk communication activities have on health-related behavior change.²⁹⁻³² Health departments can use a variety of evaluation processes, summarized in the table below, to estimate public health messaging impacts. Evaluation methods can focus on engagement with or awareness of information, attitudes related to health threats, or health-related behaviors or actions.^{1-3,26,33} They can use qualitative analysis (eg, focus groups, community advisory board feedback), quantitative analysis (eg, factor analysis, meta-regression), or mixed-methods approaches.³⁴ Notably, evaluation efforts should always be informed, and may be limited, by organizational capacities and resources as well as response needs.

Table 2. Examples of PHEPR messaging evaluation methods and metrics

Communication area being evaluated	Examples of evaluation methods or metrics
Awareness of/engagement with public health messaging	Social media engagement statistics (eg, views, likes, shares, comments); webpage views; pre/post calls to information lines; pre/post attendance of health department events; content analysis of feedback submitted via health department social media messaging, email, or phone
Awareness of/engagement with misinformation	Social media content analysis, including engagement statistics (eg, views, likes, shares, comments); topic and volume of questions related to misinformation
Accurate health knowledge and/or belief in misinformation	Pre/post messaging campaign survey, focus group, social media content analysis
Risk perception of health threat	Survey, focus group, social media content analysis
Self-efficacy regarding health behaviors	Survey, focus group, social media content analysis
Behavior changes in response to health messaging	Comparison of self-reported behavior change of those exposed to messaging and those not exposed to messaging via survey or social media content analysis, pre/post campaign rate of health services use statistics

Task 5.2: Link evaluation results to message development and tailoring efforts

By using one or more of the evaluation methods above, health departments will better understand the factors that make their messages more effective or increase message uptake. These may include: messenger; channel(s) used; inclusion of dialogue; message components, including tone, visuals, or other formatting; delivery timing and frequency, especially compared to the greater context of the emergency and public concerns; and usage of concurrent messages with different tailoring.^{1-3,33,35} PHEPR communication teams can use their findings to adjust the next round of message development or tailoring to maximize its future effectiveness.

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Appendix: Tailoring Tool to Increase Message Uptake & Trust

This tool summarizes how health departments can apply recommendations from [Priority 5](#) to their own message development and tailoring efforts. You can download and edit the tool at this [link](#).

Table 1. Tailoring Tool to Increase Message Uptake & Trust

	Action	Your Response
Message goal(s)	Describe the reason for or desired effect of messaging	
Initial message	Note the desired takeaway messages for audiences developed in Priority 5 Activity 1 , including how messages may need to be formatted according to government rules or best practices for addressing misinformation, if applicable	
Intended audience	Briefly define the intended audience identified in Priority 5 Activity 2 and any additional reasoning why this requires a tailored approach, if applicable (eg, circulating misinformation is affecting this community)	
Sources of information for intended audience	Consider what sources of information gathered in Priority 5 Activity 2 may be consulted to aid tailoring: <ul style="list-style-type: none"> • What is the history of the health department with this community? What past lessons learned, including evaluation of past messaging campaigns conducted in Priority 5 Activity 5, are known? • How can health department staff contribute? • Do partners who actively work with this audience have bandwidth to consult on message development? • Are community members who are part of this audience willing to provide feedback on messages? • Are there health department reports, peer-reviewed literature, or other data sources that can be referenced to better understand this audience? 	
Context for trust/distrust with public health & institutions	Answer these questions to help shape context: <ul style="list-style-type: none"> • How do you characterize the trust levels of this community? • How have they engaged with the health department and greater public health efforts in the past? • Are there barriers to building trust and context for lack of trust? 	

	Action	Your Response
Additional traits, beliefs & motivations	Describe the audience's values, attitudes, and goals that may facilitate or challenge messaging	
Preferred audience themes	Based on the information above and advice from Priority 5 Activity 2 , what themes can messaging emphasize to increase trust in and effectiveness of messaging?	
Preferred audience channels	Based on information above and advice from Priority 5 Activity 3 , what are the channels that may increase engagement with and uptake of messaging?	
Preferred justification & citation	Based on information above and advice from Priority 5 Activity 3 , what trusted voices and/or sources would help promote trust and increase messaging effectiveness?	
Other preferred formatting	Based on information above and advice from Priority 5 Activity 4 and Activity 5 , are there other considerations (eg, visuals, tone, evaluation mechanisms) to improve messaging reach and uptake?	
Tailored message	Based on the above information, describe the plan for the tailored message, including content, channel(s), messenger(s), and other formatting.	



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