

Introduction: Good Health Depends on Better Communication and Stronger Partnerships

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PUBLIC HEALTH POLICIES AND PRACTICES HAVE an impact on most everyone's daily life. Practitioners monitor emerging infections and rates of chronic disease, conduct food safety and restaurant inspections, and work to reduce the likelihood of injuries, among dozens of other complex, science-based responsibilities designed to improve the public's health and well-being.

From 1900 to 1999, life expectancy in the United States increased by 30 years, and according to the Centers for Disease Control and Prevention (CDC), public health interventions account for 25 of those years.^{1,2} However, few people—even public health professionals—can describe public health

in a meaningful and consistent way that is easy to understand. Forming effective partnerships and creating healthier communities must start with clear and consistent communication about what public health is and why it matters.

The COVID-19 pandemic has powerfully revealed the indispensable role that public health plays in protecting the nation's health, security, and economic strength. For decades before the pandemic, state and local health departments experienced repeated declines in funding and staffing.³ Despite this underinvestment in prevention and preparation, public health leaders formed the core of the nation's response to the pandemic. Working with the federal government, leaders in state and local governmental public health agencies made critical decisions that impacted businesses, schools, faith communities, and nearly every other aspect of our lives.

However, from the earliest days of the pandemic, the response was framed as a false dichotomy between saving lives and saving livelihoods, which fed directly into the country's existing political polarization. Public health practitioners were often cast as anti-freedom and anti-economy government agents, and threats and harassment contributed, in part, to the resignation of hundreds of public health leaders and staff.⁴⁻⁵ Misinformation and polarization colluded to limit the effectiveness of public health messaging and science-based interventions. Adding to this was the reality that with a novel virus, recommendations could change on a weekly or even daily basis, depending on data such as infection rates and new information about viral transmission. Where there

was success—acceptance and compliance with public health guidance about social distancing, mask-wearing, vaccination, travel, and other issues—it was dependent on the credibility of state and local public health leaders and the strength of the relationships they had built in their communities prior to the pandemic. Unfortunately, when these leaders needed to recommend temporarily closing businesses and schools and suspending religious, sporting, and entertainment gatherings, they often lacked the partnerships needed to engender familiarity and trust from those most impacted by these actions.

This book was not written in response to the COVID-19 pandemic or the public health challenges it exposed. The work that led to the creation of this book began in 2017 as a collaboration between the de Beaumont Foundation and the Aspen Institute’s Health, Medicine & Society Program to help public health professionals create the vibrant, structured, cross-sector partnerships needed to support healthy, thriving communities. While the development of the tools, metaphors, and messaging included in this book began long before anyone had heard of COVID-19, these resources were needed before the pandemic, and they are even more critical now.

Communication skills have been a consistent challenge for public health practitioners. In 2015, Katherine Lyon Daniel, then the associate director of communication at the CDC, suggested that “public health” may be a “dirty word” to people not in the field.^{6,7} She referenced a CDC Foundation study that found the term “public health” tested poorly among non-public health professionals.^{6,7} “If we keep talking to people in

the same words that we want to use,” she said, “then we’re not going to be understood. . . . We have to adapt.”^{6,7}

In the 2017 Public Health Workforce Interests and Needs Survey, conducted by the de Beaumont Foundation and the Association of State and Territorial Health Officials, state and local health department staff identified communication as one of the most important skills in their daily work.⁸ More important, nearly one-fifth of respondents reported that they needed to improve their communication skills.⁹

After identifying communication as an important need in public health, the de Beaumont Foundation and the Aspen Institute’s Health, Medicine & Society Program created the Public Health Reaching Across Sectors initiative (PHRASES), which was designed to provide public health leaders with a toolkit for promoting their field as an essential partner in the work of many other sectors to improve community health. However, as the work began, we quickly learned that leaders in housing, health care, business, and education held a narrow and often negative perception of public health professionals as community leaders and strategists. In-depth interviews with sector leaders conducted by the Frameworks Institute, a non-profit think tank that helps change conversations about social issues, confirmed that leaders from these sectors did not appreciate the value that public health departments could add to strategic collaborations to strengthen communities. The sector leaders participating in the interviews thought of public health professionals as highly bureaucratic specialists who performed traditional roles of regulators, data crunchers, and health

service providers. To them, public health professionals were “book smart,” impractical researchers or siloed bureaucrats who were unsuited to address “real-world” challenges. The findings from this research are summarized in Chapter 6.

This book is intended for public health professionals and any others who communicate about public health. From officials at the CDC to frontline professionals in local health departments, most public health practitioners have not had formal training in communicating about public health. While they have been trained in medicine, policy, or some other discipline, most health professionals have never had to “sell” ideas to uninformed or skeptical partners. The insights, tools, and resources included in this book can provide a first step toward better communications and stronger partnerships.

This book highlights the value of strong communication and the critical importance of framing, messaging, and storytelling. It can help professionals avoid messages that backfire, answer challenging questions, reframe public health assumptions, and draw on the power of anecdotes while sharing important data. For those who want to develop their skills further, additional tools and trainings can be found at www.phrases.org, which is accessible at no cost.

In the aftermath of the COVID-19 pandemic, it is critical for public health professionals of all backgrounds to strengthen their communication skills. The next public health emergency—natural, climate related, or manufactured—is coming. All sectors and all populations stand to gain by capitalizing on the public health field’s expertise and

leadership. Now is the time to be bold and shatter the norms of what public health professionals are expected to do. *Talking Health* and PHRASES provide crucial resources for those who are ready change how public health is viewed and valued in our nation.