

The background features a decorative graphic consisting of three overlapping circles in shades of blue, arranged in a triangular pattern. Two thin blue lines intersect at the top center, forming a V-shape that frames the circles. The circles are positioned in the upper right, middle left, and lower right areas of the page.

Communication Standards and Recommendations

**NATIONAL ENVIRONMENTAL PUBLIC HEALTH TRACKING NETWORK
JANUARY 2012**

**ENVIRONMENTAL HEALTH TRACKING BRANCH
NATIONAL CENTER FOR ENVIRONMENTAL HEALTH
CENTERS FOR DISEASE CONTROL AND PREVENTION**

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INTRODUCTION & PURPOSE

Establishing guidelines, providing recommendations, and having mechanisms to identify best practices for communication, outreach, training, and evaluation are essential to maintaining a strong and well-organized multiple-partner network.

This document provides guidance for the communication and training standards, as outlined in the Centers for Disease Control and Prevention's (CDC) National Environmental Public Health Tracking Network Funding Opportunity Announcements CDC-RFA-EH09-907* and CDC-RFA-EH11-1103**. Included in this document are the communication- and training-specific passages excerpted directly from the Funding Opportunity Announcements (FOAs). Recommendations, templates, and a list of resources for successfully addressing these standards also are included.

***EH09-907 Grantees:** Colorado, Iowa, Kansas, Louisiana, Minnesota, South Carolina, Vermont

****EH11-1103 Grantees:** California, Connecticut, Florida, Maine, Maryland, Massachusetts, Missouri, New Hampshire, New Jersey, New Mexico, New York City, New York State, Oregon, Pennsylvania, Utah, Washington, Wisconsin

Communication Plan Standards and Recommendations

The two current funding opportunity announcements (FOAs) for the Tracking Program have similar, but slightly different, communication requirements. This section is categorized by FOA number, so that grantees will be clear about which standards apply to their program.

Communications Standards EH09-907 (Source: FOA p.7, 11)

1. Develop a strategy for identifying and communicating with key internal and external partners within the health and environmental agencies, including community stakeholders.
2. Must include a communication plan for delivering key national and local EPHT messages to targeted local-level audiences.
 - i. Develop and adopt a three-phase outreach and network promotion strategy consistent with those of the national outreach plan that drives use, participation, and support of the Network.
 - ii. Include a risk communication component intended to help people make more informed decisions about perceived threats to their health and safety.

Recommendations

1. Communication plans can follow any format, but all plans should include
 - target audiences,
 - activities,
 - a timeline, and
 - evaluation measures.

Two templates are provided to assist you with drafting communication plans (See Appendices A and B).

Phase One (Network Planning Phase—Years 1–2)

Phase One encompasses the first 18 months of funding for Planning & Capacity Building grantees and the first 12 months of funding for Implementation Grantees (FOA p. 4). Phase One is the time during which the grantee's network is being developed. For this portion of the communications plan, grantees should consider promoting their network to key audiences who need to be kept informed and involved with a program's progress.

- Key audiences should include
 - state/local health department staff and leadership,
 - other state/local government agencies,
 - data stewards,
 - policymakers,
 - technical advisory group members,
 - local (county, parish, district, etc.) public health professionals,

- appropriate community groups or non-governmental organizations, and
- other potential end-users identified by the grantee.
- Key activities should include
 - identifying and recruiting members for the technical advisory group,
 - identifying and establishing relationships with stakeholders, gatekeepers, and decision makers,
 - building support for the tracking program through ongoing communication,
 - presenting at conferences and meetings ,
 - developing a tracking program e-newsletter/e-mail distribution list or some other mechanism to keep key stakeholders informed of progress and opportunities to provide feedback on plans,
 - creating a tracking program Web site,
 - creating a fact sheet, brochure, or other communication materials, and
 - contributing to technical documentation for the grantee network (e.g., frequently asked questions, user guide, tutorial, etc.).
- Evaluation activities should include
 - a systematic method for capturing feedback on network development,
 - process measurements, such as number of presentations, materials distributed, number of people on the newsletter/distribution list,
 - formal or informal focus groups concerning network development,
 - key informant interviews.

Phase Two (State/Local Network Implementation, Launch—By Year 3)

Phase Two should begin no later than year 3 for Planning & Capacity Building Grantees and no later than year 2 for Implementation Phase Grantees. This phase encompasses the time during which the state/local network is implemented, or launched. This is a very short phase, focused on mass media and highlighting awareness about the launch of the network.

- Key audiences should include
 - media,
 - early adopters / users of the network,
 - audiences identified in Phase One.
- Key activities should include
 - mass communications (e.g., news release, e-mail blasts),
 - network demonstrations to established stakeholders and any new groups identified,
 - exhibiting or presenting at conferences/meetings that may occur during this period, and

- sharing material on social media outlets, if feasible (e.g., Facebook, Twitter).
- Evaluation activities should include
 - monitoring Web statistics to correlate with outreach activities,
 - evaluating media coverage for key messages and themes,
 - monitoring social media metrics and potentially analyzing comments or threads for key messages and themes,
 - developing and implementing a systematic method for capturing feedback on network development.

Phase Three (State/Local Network Implementation, Post-launch—Years 3–5)

Phase Three should begin immediately after Phase 2. Phase Three efforts should focus on sustaining the momentum created by local and national outreach. Grantees should promote their networks via ongoing, localized outreach activities.

- Key audiences should include
 - existing stakeholders and audiences cultivated in Phases 1 and 2,
 - others that may be important to the program or health department—examples used by previous grantees include local hospitals (doctors or surveillance coordinators), healthy homes community case workers, school nurses, local American Public Health Association chapters, local National Environmental Health Association chapters, community groups like Moms for Clear Air, etc.
 - segments of the general public—profiles for two audiences that may be interested in environmental public health issues include Greenfluencers and Independent Actives, as identified by Porter Novelli Health Styles, 2010—and
 - groups identified by Program Marketing and Outreach Workgroup, including
 - expanded segments of public health and environmental professionals (e.g., health educators, health impact assessment professionals, maternal and child health workers),
 - members of the medical community, particularly nurses,
 - members of academia, particularly graduate-level professors and graduate students,
 - policymakers/decision makers,
 - librarians.
- Key activities should focus on
 - increasing awareness of the network,
 - cultivating new users of the network,
 - usability testing of the network,
 - network demonstrations,
 - exhibiting at conferences/meetings,

- social media and Web 2.0 activities,
 - identifying and writing success stories highlighting basic communication themes of Saving Lives, Protecting People, and Saving Money Through Prevention
- Evaluation activities should include
 - formal or informal focus groups about network content,
 - key informant interviews,
 - evaluating usability and utility of communication materials/products,
 - ROI assessments of communication activities,
 - documenting partnership outreach and activities, and
 - continuing evaluation activities outlined for Phases 1 and 2, as appropriate.

Risk Communication Plan

Grantees should develop a risk communication plan focusing on preventing and avoiding crisis, largely through relationship-building and engagement of diverse audiences. Grantees should ensure that all risk communication efforts support the idea that the Network and its data are accessible, understandable, and useful to key stakeholders.

The communication plan will be reviewed at the beginning of Phases One and Two, and it will be reviewed annually for Phase Three. Major changes made to the plan throughout the year should be submitted to CDC.

2. Copies of promotional, outreach, and communication products developed by grantees should be submitted to CDC. Examples of these items include, but are not limited to, e-newsletters, fliers, bookmarks, press releases, fact sheets, and presentations.

Communication Plan Timeline: Grantees should submit a complete communication plan for Phase One, including a risk communication component, to CDC by month 6 of funding year one. The Phase Two communications plan should be complete and submitted to CDC no later than two months prior to the launch of the local network. The Phase Three communication plan should be submitted to CDC no later than one month after the launch of the local network. Communication plans should be updated annually for the remainder of the funding period. CDC communication liaisons and project officers will comment on the plans.

Communications Standards EH11-1103 (Source: FOA, pp. 6-8)

1. Outreach Plan

- Develop, implement, and evaluate state and/or local level outreach plans for delivering key national Tracking Program messages and information to targeted local-level audiences to address community concerns and to audiences identified as key audiences by CDC. This plan will be updated annually, and evaluation

results will be submitted annually. The plan should include traditional communication strategies and incorporate new and emerging communication technology, as appropriate. This may include Web 2.0 tools, social media, and other technologies or channels that emerge during the course of this agreement.

2. Risk Communication Strategy

- Develop, implement, and assess state and/or local level Tracking-focused risk communication strategy in accordance with guidelines established by CDC's national Tracking Program. Each grantee should have a risk communication plan on file with CDC, and it should be reviewed annually for any needed updates.

Recommendations

Outreach Plan

1. Communication plans can follow any format, but all plans should include
 - target audiences,
 - activities,
 - the timeline,
 - evaluation measures.

Two templates are provided to assist with drafting communication plans (See Appendices A and B).

Key audiences should include

- Audiences identified during the first grant cycle, including
 - internal and external partners,
 - technical advisory group members,
 - data stewards,
 - current and potential users of the grantee network.
- Other audiences that may be important to the program or health department. Examples from grantees include local hospitals (doctors or surveillance coordinators), healthy homes community case workers, school nurses, local APHA chapters, local NEHA chapters, community groups like Moms for Clear Air, etc.
- Segments of the general public profiles for two audiences that may be interested in environmental public health issues include Greenfluencers and Independent Actives, as identified by Porter Novelli Health Styles, 2010.
- Groups identified by PMO, including
 - expanded segments of public health and environmental professionals (e.g., health educators, health impact assessment professionals, maternal and child health workers, etc.),
 - the medical community, particularly nurses,

- members of academia, particularly graduate-level professors and graduate students,
- policymakers/decision makers,
- librarians.

Key activities should focus on

- increasing awareness of the network,
- cultivating new users of the network,
- usability testing of the network,
- network demonstrations,
- exhibiting at conferences/meetings,
- identifying and writing success stories highlighting basic communication themes of Saving Lives, Protecting People, and Saving Money Through Prevention.

Evaluation activities should include

- monitoring Web statistics to correlate with outreach activities,
- evaluating media coverage for key messages and themes,
- monitoring social media metrics and analyzing any comments or threads for key messages and themes,
- documenting new partnership outreach and activities,
- using a systematic method for capturing feedback on network development,
- applying process measurements, such as number of presentations, materials distributed, and number of people on the newsletter/distribution list,
- using formal or informal focus groups about network content,
- conducting key informant interviews,
- evaluating usability and utility of communication materials/products, and
- undertaking ROI assessments of communication activities.

2. Major changes made to the plan throughout the year should be submitted to CDC, along with written action plans.
3. Copies of promotional, outreach, and communication products developed by grantees should be submitted to CDC. Examples of these items include e-newsletters, fliers, bookmarks, press releases, fact sheets, and presentations.

Risk Communication Strategy

1. Risk communication efforts should focus on preventing and avoiding any crisis, largely through relationship-building and engagement of diverse audiences. Grantees should ensure that all risk communication efforts support the Network and that any data are accessible, understandable, and useful to all parties.

Communication Plan Timeline: Grantees should submit to CDC a complete communication plan for Year One, including risk communication and evaluation strategies, by month 3 of funding year one. Revised communications plans should be submitted to CDC by month 3 of funding for Years Two and Three.

Training Standards (Source: FOA-EH09-907, p. 6; FOA-EH11-1103, p.7-8)

This section applies to both FOAs.

1. Identify training needs. Assess the capacity of health/environmental staff to analyze and build an environmental public health tracking network and to respond to potential environmental health problems.
2. Facilitate the training of state and local health department workforce and their partners on basic EPHT principles that will establish a common understanding of the Program. At a minimum, this will include completing the CDC training course, Environmental Public Health Tracking 101 that is available at <http://ephtracking.cdc.gov/training>. The recipient must provide appropriate training to the workforce to ensure proper use of data by attending the workshops or other professional training academies.
3. Assist CDC in conducting program evaluation activities including training activities.
4. Attend Tracking workshops (up to two per year) and conference (once every other year).

Recommendations

Key audiences should include

- tracking program staff,
- tracking partners,
- audiences who can be cultivated as users of the network.

Key activities should include

- conducting a training needs assessment to guide development of training content:
 - Training topics may include basic tracking principles; the National Environmental Public Health Tracking Network; and key or unique features of the state/local tracking network.
- developing a training plan (can be included in the communications plan) to include proposed training topic, audience, timeline, and evaluation measures.
 - Grantees are free to use and adapt content from the Tracking 101 course.
 - Format of the trainings may include in-person training, Webinars, self-study, and demonstrations.
- submitting copies of needs assessments and training materials to CDC.
- attendance of annual tracking workshops and conferences by communications staff, and
- participating in tracking-related communications training opportunities.

Evaluation activities should include

- recording the number of trainings and participants,
- undertaking learner assessments (e.g., pre-/post-test knowledge checks, skills assessment, follow-up questionnaires to determine changes in practice), and
- obtaining customer satisfaction feedback.

Training Plan Timeline:

- FOA-EH09-907: Submit training plan (can be part of the communications plan) to CDC by month 6 of funding Year 1. Conduct needs assessment by month 6 of funding year 1. Conduct staff training by end of funding Year 1. Conduct at least one partner training by the middle of funding Year 2.
- FOA-EH11-1103: Submit training plan (can be part of the communications plan) to CDC by month 3 of funding year 1. Conduct needs assessment by month 3 of funding Year 1. Conduct staff training by end of funding Year 1. Conduct at least one partner training by the end of funding Year 1.

Evaluation Standards

The evaluation activities outlined in both FOAs should include communication, outreach, and training components.

1. Conduct a comprehensive assessment of all tracking activities in the grantee's jurisdiction. Based on the assessment, develop a written report outlining lessons learned from all activities designed to implement the state EPHT network. Refer to the *Morbidity and Mortality Weekly Reports* (See Resources.) (FOA-EH09-907, p. 11)
2. Assist CDC in conducting program evaluation activities, including partnership, outreach, and communication activities. Recipients should develop written action plans to address any issues identified as a result of the program evaluation process. (FOA-EH11-1103, p. 8)
3. Each funded applicant must provide CDC with an Annual and Interim Progress Reports (FOA-EH09-907, p. 33; FOA-EH11-1103, p.22)

Recommendations

1. A logic model focused on communication activities should be created to complement the communication plan. Communication activities can be incorporated into a larger program logic model. It should be reviewed at least once per year and revised as needed.
2. A copy of the evaluation plan, or portion which highlights communication and training activities should be submitted to CDC along with the communication plan. If the communication plan includes evaluation activities, a separate document does not need to be submitted for communication and training activities.

3. Any evaluation tools (e.g., training evaluation, customer satisfaction survey, logs for tracking presentations or materials distributed) developed by the program should be submitted as well.

Evaluation Plan Timeline: Complete the logic model by month 3 of funding Year 1. Review communication components of evaluation plan annually and update as needed. Evaluation tools should be submitted by the end of Years 1, 2, and 3.

PMO Workgroup Participation Standards (Source: FOA-EH09-907, p. 11; FOA-EH11-1103, p.7)

This section applies to both FOAs.

1. Participate in the Program Marketing and Outreach (PMO) workgroup. Because these workgroups are important to the success of network implementation, participation and attendance at related meetings and workshops is mandatory for all grantees.

Recommendation

1. Every grantee program is expected to provide a qualified person to participate in full PMO activities and in at least one sub-group.

Staffing Standards

This section applies to both FOAs.

1. A health communication specialist and/or other key staff with appropriate training and experience to implement the jurisdiction's tracking network
2. Evidence that staff roles are clearly defined and will be sufficient to accomplish the program goals

Recommendations

1. The communication position should be at least .5 FTE. Staff selected to fill this position should have education and/or equivalent experience in one or more of the following fields: communication, education/training, outreach, marketing, public relations.

Staffing Timeline: The position should be filled as soon as possible following award.

Communication-related Tracking Grantee Portal Standards and Recommendations

This section applies to both FOAs.

Following is a listing of portal standards and recommendations with which communication staff is likely to be involved. For additional details, see [Tracking Grantee Portal Standards and Recommendations](#), April 2009.

Tracking Network

Standards:

- Provide a link to the Tracking Network's National Portal from individual state portals.
- Maintain visual consistency among pages on a grantee's portal.
- Organize contents of pages to facilitate the identification of detailed information.
- Provide a structured flow that links related information and data sources.

Recommendations:

- Provide data results and information on grantee public portals within three clicks of the search initiation.
- Provide a path to return easily to previous screens (e.g., breadcrumbs).

Analysis, Visualization, and Reporting

Standards:

- Use in both secure and public portals standard color pallets from proven scientific research for color sections.
- Provide the ability to disseminate information in various ways depending on user data access, including standardized reports and Web-based query results.

Recommendations:

- Provide users the ability to interact with data tools and displays.
- Provide users the ability to see alternate views of the information.

Documentation

Standards:

- Provide in both secure and public portals a set of Frequently Asked Questions (FAQ).
- Provide in both secure and public portals clear definitions of terms (glossary).
- Provide in both secure and public portals on-line documentation.

Recommendations:

- Provide a phone number or e-mail address that users may use to get additional information or clarification.

RESOURCES

Communication Planning

- [CDC's Gateway to Health Communication and Social Marketing Practice](#)

Training

- Environmental Public Health Tracking 101—www.nehacert.org. Search for “Tracking 101”.

Evaluation

- [Framework for Program Evaluation in Public Health, MMWR](#)
- [Updated Guidelines for Evaluating Public Health Surveillance Systems, MMWR](#)
- [Developing a Logic Model or Theory of Change](#). University of Kansas, Work Group for Community Health and Development, Community Tool Box
- [Logic Model Training Manual, Activities, and PowerPoint](#). University of Wisconsin-Extension

Appendix A

Communication Plan Template I

I. Purpose or Goal Statement

II. Communication Objectives

III. Target Audiences

IV. Activities

- 1) Activity name
 - a) Description
 - b) Audience
 - c) Timeline
 - d) Evaluation Measure(s)
- 2) Activity name
 - a) Description
 - b) Audience
 - c) Timeline
 - d) Evaluation Measure(s)
- 3) Etc.

V. Risk Communication Plan

VI. Training Plan (optional—can be a stand-alone document)

Appendix B
Communication Plan Template II

I. Purpose or Goal Statement

II. Objectives

Audience	Activities	Timeline	Notes	Evaluation