

14-10

STATEMENT OF POLICY

Social Media for Risk Communications

Policy

The National Association of County and City Health Officials (NACCHO) promotes the adoption of social media as an essential communications channel for public health emergency and risk communications. NACCHO encourages local health departments to allocate staff and expend resources on developing internal social media capabilities and capacity, which builds upon the foundation of NACCHO Statement of Policy 13-01: Use of Internet-based Tools and Mobile Technologies by Local Health Departments.¹ To this end, NACCHO recommends the following:

- Local health departments build their in-house capacity for using social media for emergency preparedness by designating and training staff to administer their social media platforms. Social media should be integrated into local health departments' emergency risk communication plans. During an emergency, local health departments can provide the public with situational awareness, dispel rumors, and establish themselves as the media's first point of contact by frequently posting timely, reliable, and transparent information to social media. Designated local health department employees should work with social media on a day-to-day basis, both to build an audience that will share messages, and to prepare for using social media during an emergency. In jurisdictions where communications are centralized across local agencies, the in-house capacity may be at the county level rather than the department level.
- Local health departments' social media platforms be highly accessible and visible to the public. Local health departments should consider how best to reach a wide range of target audiences, including vulnerable and at-risk populations (e.g., young parents, non-English speakers, people with functional and access needs) and ensure that the public can easily search for and find local health departments' social media accounts.² Local health departments should work with their partners, including other local health departments, to cross-promote social media campaigns and share best practices.
- Local health departments develop social media strategies to plan for staff time and allocate resources prior to an emergency. Strategies should incorporate research about social media platforms best suited to reach target audiences and staff time for maintaining accounts, posting frequently, responding to audience comments, and monitoring analytics on reach and engagement to demonstrate the value of social media.
- Local health departments work with partners to research and develop ways to use social media for more than communication purposes, including public health surveillance and public health emergency early alert systems.



- The Department of Health and Human Services and other federal agencies provide guidance to local health departments regarding the applicability of federal laws to the use of social media during emergencies. Appropriate federal agencies should clarify how and when laws such as the Health Insurance Portability and Accountability Act (HIPAA) and the Freedom of Information Act (FOIA) apply to social media use. Federal guidance should include legal resources that assist local health departments in navigating legal compliance. While local, state, and federal laws may all be applicable to social media, a better understanding of the potential impact of federal laws will be helpful in assisting local health departments to navigate the legal landscape.
- The Centers for Disease Control and Prevention modify Public Health Emergency Preparedness (PHEP) Capability 4 to set expectations that social media should be used as a fundamental rather than an optional tool. Language within PHEP Capability 4 regarding social media should allow for increased staff time dedicated to social media within local health departments. Additionally, the PHEP capabilities should require use of social media not just for messaging, but also monitoring social media for rumors and incoming concerns and requests from the public. In order to ensure this capability can be met, sufficient funding to local health departments through PHEP should be made available to allow support for the public information function.

Justification

Many local health departments' communications teams are understaffed or non-existent. NACCHO's 2013 National Profile of Local Health Departments (Profile) study indicated that only 32% of local health departments employ public information specialists and estimated that nationally only 550 public information specialists are employed by local health departments. This is the lowest number of all local health department occupations measured by NACCHO.³ Frequently, local health department employees perform communications work in addition to their other duties. As a result, social media communications are not often prioritized. NACCHO's Profile data indicate that 44 percent of local health departments use Facebook and 18 percent use Twitter.³ While some local health departments use Facebook and/or Twitter, and a small minority use other platforms (e.g., Instagram, YouTube, Pinterest, etc.), many local health departments do not use social media at all. Reasons for this include a lack of resources (e.g., time, expertise) or leadership that does not understand social media or is reluctant to provide access for fear staff will overuse it.⁴ Some local health departments even have policies that prohibit staff from using social media at work.

Local health departments that do not use social media are not leveraging one of the most popular information channels. The number of people who rely on social media for news is growing, while reliance on traditional news media is shrinking.⁵ A growing segment of the public prefers to get their news over mobile devices⁶ and social media platforms make it easy to get news in this way. Social media users also share what they see.⁷ The "shareability" of social media can exponentially increase the size of the audience receiving emergency and risk communication messages, and the speed at which they receive these messages.

Social media is also an important means to communicating with traditional media, monitoring rumors, gauging public concerns, and gathering on-the-ground, situational information, all of which is critical to framing emergency and risk communication strategies.

During times of non-emergency, local health departments can use social media to sustain relationships with traditional news media, as reporters often comb social media for breaking news. If the local health department's perspective or message is available through social media channels, the media can source social media content, rather than making calls for comment. This can decrease the media relations burden on local health departments.

During an emergency, the public expects response agencies to deliver information and to respond to questions via social media. According to a 2010 American Red Cross survey, two-thirds of all respondents (N=1,058) agree that response agencies should regularly monitor and respond to postings on their websites.⁸ A 2012 national survey by the American Red Cross found that at least a third of the general public would expect help to arrive in less than one hour after posting a request for help on a social media website.⁹ Further, rumors travel over social media during an emergency and local health departments should ensure that credible information from reputable sources floods the social media environment to help counteract rumors.

It is vital that local health departments be proficient in social media use before an emergency hits. Routine use of social media develops staff capacity and will build an audience that can disseminate information quickly from the earliest moments of an emergency. Speed is a key principle in effective emergency and risk communication and social media is an excellent tool for delivering information quickly and efficiently. Local health departments should treat public health emergencies as opportunities to mass communicate vital public health information and to increase public trust.

References

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Record of Action

Proposed by NACCHO Risk Communication & Information Sharing Workgroup

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