

14-10

STATEMENT OF POLICY

Social Media for Emergency and 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 routine communications, as well as public health emergency and risk communications. By routinely engaging with audiences on social media in non-emergency periods, local health departments can become a trusted source of information and services for communities. With this trust, local health departments can then provide the public with situational awareness, dispel rumors, and establish themselves as the media's first point of contact during emergencies by frequently posting timely, reliable, and transparent information to social media.

NACCHO encourages local health departments to allocate staff and expend resources on developing internal social media capabilities and capacity. However, NACCHO also acknowledges that many local health departments do not have the resources to engage in such activities, and thus recommends that state and federal funding be made available – and allocated with a degree of flexibility – to support these endeavors. With the proper resources, NACCHO recommends that local health departments do the following:

To this end, NACCHO recommends the following:

- **Build in-house capacity.** Local health department management should provide appropriate training and resources to local health department staff, so they can effectively and appropriately use Internet-based tools and mobile technologies. With this knowledge, local health departments can build in-house capacity for using social media by designating and training staff to actively manage their platforms, and integrating social media into emergency risk communication plans. Designated staff should be granted sufficient bandwidth for monitoring accounts, posting frequently, responding to audience comments, and monitoring analytics on reach and engagement to continuously demonstrate the value of social media. In jurisdictions where communications are centralized, the in-house capacity may be at the county level rather than the department level.
- **Establish an online presence.** Social media platforms should be highly accessible and visible to the public. Local health departments should consider how best to reach a broad audience with a wide range of segments, including hard-to-reach populations (e.g., non-English speakers, people with functional and access needs) and ensure that the public can easily search for and find the health departments' social media accounts.¹ Designated local health department employees should work with social media on a daily basis, both



to build an audience that will share messages, and to prepare for using social media during an emergency.

- **Use partnerships to amplify reach.** Local health departments, especially those with limited resources for social media, should work with partners (e.g., Virtual Operations Support Teams, Medical Reserve Corps units, community health coalitions) to cross-promote social media campaigns and share best practices. Health departments can also leverage 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.
- **Ensure compliance with federal laws.** While local and state laws may also be applicable to social media, a better understanding of the potential impact of federal laws will help local health departments navigate the legal landscape. 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 compliance.
- **Don't just speak – listen.** The Centers for Disease Control and Prevention's Public Health Emergency Preparedness (PHEP) Capabilities should require use of social media not just for messaging, but also to monitor rumors and track 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

In 2017, two-thirds (67%) of Americans reported getting at least some of their news from social media.² Yet many local health departments, which play a critical role in providing routine and emergency and risk communications to communities, do not use social media at all. NACCHO's 2016 National Profile of Local Health Departments (Profile) study found that just 40% of local health departments use Facebook and only 16% use Twitter.³ Reasons for this range from a lack of resources (e.g., time, expertise) to prohibitive internal policies on social media use in the workplace.⁴ Rationale aside, local health departments that do not use social media are missing an opportunity to connect with audiences.

A growing segment of the public prefers to get their news over mobile devices⁵ and social media platforms make it easy to get news in this way. Social media users also can easily share what they see.⁶ The "shareability" of social media can exponentially increase the size of the audience receiving emergency and risk communication messages, as well as 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.⁷ 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.⁸ 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. During a crisis, if the response agencies and organizations are not engaged, the media will find other sources via social media to comment on the crisis.

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

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