



Communications Training Series for Community Leaders: Part One

Wednesday, July 23rd
1:00pm ET | 10:00am PT

Ways to Engage



Click the "Live Transcript" button to enable closed captioning



Please remain muted unless you are speaking



AI Notetakers will not be permitted during the meeting



Use Zoom chat feature for questions, comments and reactions



Today's sessions will be interactive, so if possible find a quiet, safe place to safely participate



Webinar recording will be sent to all registrants and posted to our webpage

HECC Practice Agreement S

*The HECC values
cultivating **collective**
care and strives to
model, embody and
champion **belonging**.*

- Create space for all participants to be present and participate
- Acknowledge systems of domination (racism, capitalism, patriarchy, colonialism) and the ideologies and norms they maintain (white supremacy, inequality, heteronormativity, and cis-centrality)
- Be welcoming and affirming
- Hold space for tension
- Hold each other accountable
- Be curious and kind
- Foster belonging and healing

Meet Today's Speakers

Moderator



Rebecca K. Ivic, Ph.D

Associate Dean of Research &
Professor of Health Communication
University of Alabama
Senior Editor
Journal of Health Communication



Scott C. Ratzan MD, MPA

Editor-in-Chief
Journal of Health Communication
Core Partner
Health Equity Community
Collaborative



Sue McCarron

Vice President,
Strategic Communications
Health Leads



Jacquelyn Dalton, MPH

Director
Health Equity Community
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Agenda & Learning Objectives

1:00-1:50pm ET/10:00-10:50am PT

Sharing and Engaging with Community around Quality Health Information

Learn how to use active listening and message tailoring to build trust and educate effectively around complex health topics.

1:50-2:35pm ET/10:50-11:35am PT

Crafting a Strong Message to Shape Powerful Stories

Explore elements of building clear, compelling narratives about your organization, advocacy issue, or impact story — then practice telling them in real time.

2:35-3:00pm ET/11:35am-12:00pm PT

Ask Me Anything - Comms Edition

Discussion around your top questions — submitted in advance or asked live — with our panel of communications experts.



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Poll

How concerned are you about quality health information and/or confusion around health issues in your community?

Measles cases surge to record high since disease was declared eliminated in the US



These Virginia towns are moving away from water fluoridation



The immigrants caring for the nation's elderly are losing their jobs



Deep cuts erode the foundations of US public health system, end progress, threaten worse to come



How Trump's megabill could affect Medicaid and who could lose coverage

Experts say work requirements might force people off Medicaid.



King County ramps up efforts to protect immigrants from ICE



Communication is a Relationship , not a Message

*Drop in the chat:
Have you struggled to
talk with your
community members
about issues that could
impact their health?*

Health communication:

- Right information getting to the right people at the right time and place so people can make health decisions
- Shared responsibility
- Based on trust

Health Communication is Two-Way and Interactive

Active Listening:

Technique to build trust while communicating important health information.

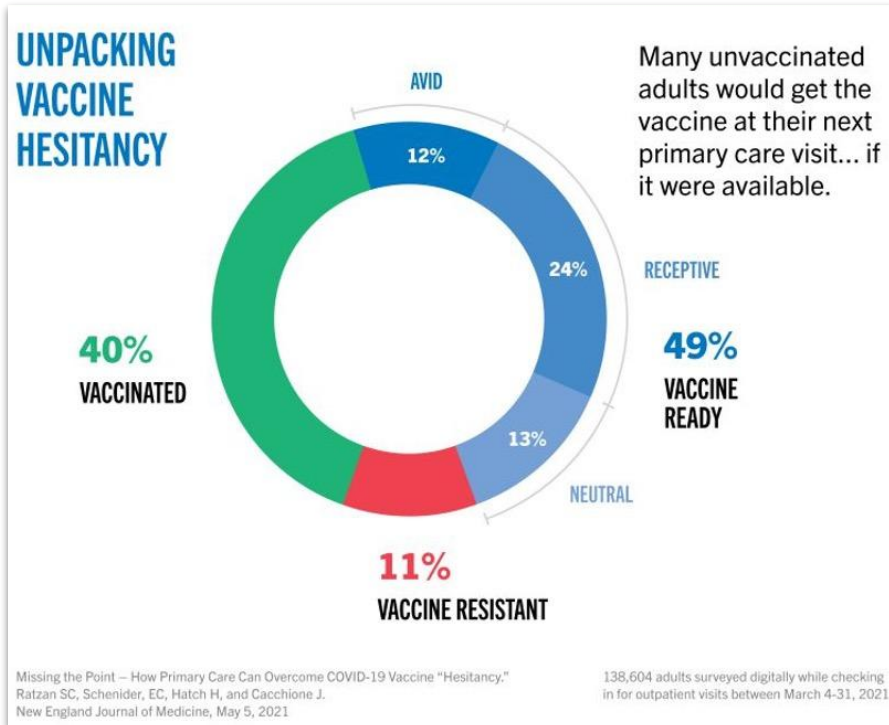
Posting on social media or delivering a flyer is not the end of communication, **it's the beginning.**

- Series of repeated, engaged interactions to build trust.
- Non-linear—it requires cycles of listening, understanding, responding, and adapting.
- Invitation to community to co-develop materials.
- Focus on connection, relationships and resonance - not just reach.

Active Listening Examples

Traditional Approach	Active Listening Approach
“I am the expert , and my role is to persuade the community and friends to do what is right”	“I am the guide , and my role is to engage the community in open discussion about their concerns”
“I assume that people who don’t want [product/service] either have the wrong information , or don’t care about their health and others”	“I assume that everyone cares about their health and wants to make good choices”
“By supporting autonomy, I am giving permission to refuse my advice”	“If I respect communities and individuals and support their autonomy, they will openly share their concerns with me”

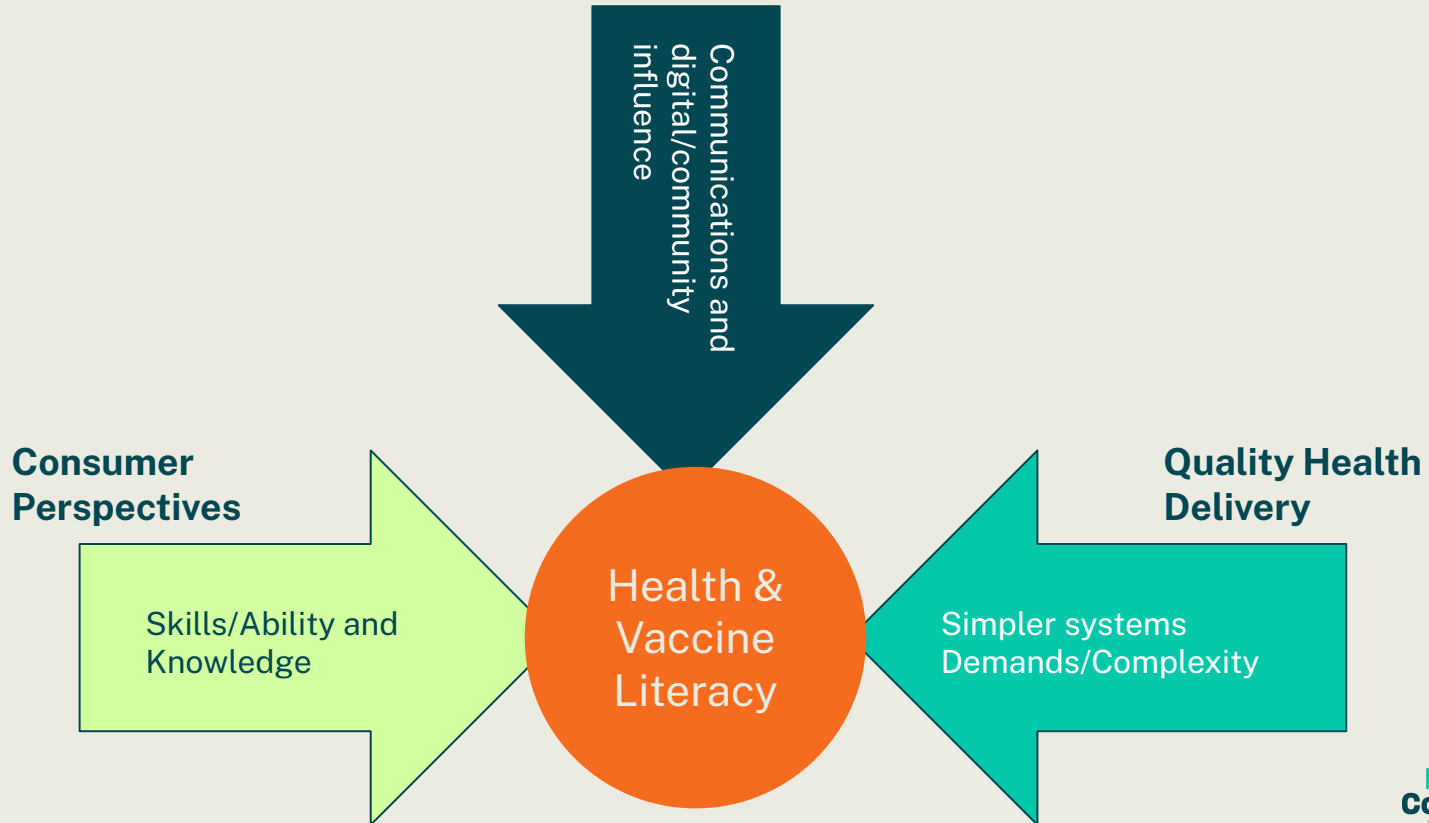
Framing Vaccination



Policymakers and planners have focused on vaccine-hesitant groups in national polls.

Although this characterization is a useful first approximation, it underestimates variability in stages of readiness, the fluidity of people's views, and the persuasive power of access to health professionals embedded in the communities where people live and work.

Health Communication and Vaccine Literacy



Example: Vaccine Literacy

*A framework for
developing
communication
approaches beyond the
individual level*

Vaccine literacy occurs when the skills and abilities of people align with the content, processes and systems needed to access and get vaccinated.

It is knowing how and why vaccines work, the diseases they prevent, and their value to yourself and to society.

A Scoping Bibliography of Actions to Advance Vaccine Literacy: A Resource for Health Communication, Rauh L., Lathan H.S., Zorn M., Masiello M., Ratzan S., Parker R., Journal of Health Communication, 2021

Vaccine Literacy

Our overall community objective with effective communication yields a relationship with respect, appropriate influence and ongoing engagement

Building Vaccine Confidence Over Time

- People may need multiple conversations to feel safe and ready
- Relationship-building is key; trust is a process, not a product
- Dialogue builds community trust

Step One: Ask About Concerns



Hi there, are you interested in getting your flu shot?

Sorry, I'm not interested in getting vaccinated.
I keep hearing that vaccines cause other
health problems and diseases they are
supposed to prevent.

[Reflect] It sounds like you're not sure the vaccine is right for you.
[Ask] Would you be willing to share some of your concerns?

Step Two: Reflect and Affirm



I'm pregnant and can't risk the vaccine harming my baby.

I have also heard new studies that say vaccines may be linked to autism and other diseases.

[Reflect] You're worried the vaccine will be bad for your baby's health.

[Affirm] That's an understandably scary thought, your baby is your priority, and you don't want to risk their health.

Step Three: Provide Information



[Ask] Can I provide some information to you about vaccines and pregnancy?

Sure.

[Inform] There have now been many studies on pregnant people who have been vaccinated. Vaccines are important for you and your baby's health. They have been found to be safe for pregnant people and their babies. Also, some vaccinations, help protect your baby when they are young.

[Ask] Does this information make you feel better about your concerns? Do you think you would be willing to get the vaccine?

Step Four: Connect to Resources



Alright, I will have the vaccine.

I still don't want the vaccine.

[Affirm] Great, you've made a decision today that will protect you and your baby.

[Connect] Would you like me to help schedule an appointment for you?

[Affirm] OK, so you're not interested in getting the vaccine right now. That's ok, thank you for taking the time to talk with me today.

[Connect] I can give you some information to take home and please feel free to reach out to us if you have any questions.

Poll

What issues do you find most challenging to communicate about with your community?





Sue McCarron

Vice President, Strategic Communications

Health Leads

Common Comms Challenges

*Drop it in the chat:
What stresses you out
most about messaging
and communications?*

- Using stories and explaining the magnitude of the problem without exploitation
- Responding to breaking news, with both a POV and reliable resources for communities
- Describing value and impact of our work/initiative clearly and simply
- Tailoring messages for different audiences and channels
- Understanding which channels to invest in for different content
- Ensuring message consistency across staff, board members, volunteers, etc.

Order of Comms Operations

*Drop it in the chat:
Which **audiences** are most critical to understanding your message?*



Who are you speaking to and why, what do they care about, and where do they get their content/information?

What do you want your audience to know, learn, and/or do? What is the most compelling, accessible message?

How can you translate your message into content across different channels to reach your audience?

Messaging/ Storytelling Prep Exercise

*Drop it in the chat:
What key **message or story** are you struggling to share or advocate for right now?*

Envision the key takeaway you want for your audience - **what do you want them to KNOW or DO?**

Determine the “news hook” or “hot button” that explains problem - **why should they CARE now?**

Narrow your message to 2-3 anchor points that build an arc - **who is feeling the IMPACT?**

Incorporate at least one quotable sound bite or story that adds color - **how can we bring it to LIFE?**

Equity, bias, exploitation, language and inclusivity check - **is anyone LEFT OUT of this message? Are we reinforcing a stereotype? Do we use asset or deficit based framing?**

Example - Your Org's Impact

- **Key takeaway:** There is a tremendous opportunity to innovate around food systems in Boston. We can move from stop-gap solutions to a sustainable, community-led efforts that ensures everyone can easily access the food we all need to be healthy.
- **News hook/hot button:** Food insecurity grew from 500k to almost 900k during the pandemic, with Latinx and Black communities the hardest hit. Food providers are struggling to keep up with demand, families are confused about where to go.
- **2-3 anchor points:** We created a Neighborhood Food Action Committee across four areas of Boston. Community members are leading efforts to connect & coordinate food resources in new ways and offer food navigation support, incl. SNAP enrollment. Since launch, we have served more than 20,000 families.
- **Notable sound bite or quote/story:** “Our Friday food distribution pop-up is church to me, because this is where I get to give back in a way that I can see makes a difference.” - Ric Henry, community leader in Hyde Park.

Example - Your Org's Response/POV

- **Key takeaway:** With the federal push to end the use of fluoride in the country's drinking water, local communities have an important role to play in protecting dental health. Our organization provides resources to help advocate for this important public health measure.
- **News hook/hot button:** Without a national mandate or funding for fluorination, many local health departments are considering abandoning the practice, and low income families will suffer most.
- **2-3 anchor points:** Fluoride has long been proven as a safe, effective and cost-saving measure. Recent polls show 81% of Americans support or are not opposed to it. It is a vital defense against tooth decay - particularly for children in low-income communities who are disproportionately affected by dental decay and often lack access to regular dental care.
- **Notable sound bite or quote/story:** "Removing fluoride is like tossing out smoke detectors because you haven't had a fire — it may seem fine, until it's not. And for some families, fluoride is the only dental care they can reliably count on — without it, we widen the gap between those who can access health protections and who can't."

Example - Your Org's Response/POV

- **Key takeaway:** Immigrants are crucial to our care workforce, but recent policies and fear threatens the care of the disabled and our fast-growing elderly population. Ensuring immigrants have a legal and safe pathway to work is critical to care in the U.S.
- **News hook/hot button:** The caregiving workforce was already in short supply. Nursing homes have long faced worker shortages — a situation that reached crisis levels in the pandemic. With the ending of temporary legal status for migrants, nursing homes and care providers are losing foreign-born employees and struggling to hire.
- **2-3 anchor points:** Foreign-born workers make up 30% of the nursing home housekeeping and maintenance workforce. More than 41% of home health aides in the U.S. last year were foreign-born, 22% nursing assistants, 28% personal care aides. Workforce turnover will lead to higher costs for providers and patients. We see this in our community in XYZ ways.
- **Notable sound bite or quote/story:** ““When immigration rules shutout care workers, it’s not just jobs we lose — it’s compassion, cultural expertise, relationships, continuity, and the dignity of those who rely on them.”

Practice Telling Your Story!

10 minutes craft your pitch

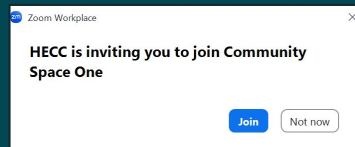
- Pick a story, POV, resource, pitch, issue you want to relay.
- Draft as if you'll be sharing in person or using it to create a comms asset.

10 minutes share with small group

- Practice sharing your pitch/story - it doesn't need to go in the exact order of the exercise!
- Discuss and answer any questions.

Joining The Breakout Room

When prompted, select “Join” to be sent to a breakout room.



If you are unable to participate in a breakout, when prompted, click “Not Now” to remain in the main room.

Resource

Checklist for strategic communication

HealthEquity
Community
Collaborative

July 2025

Advancing Community Health Communication Practices

A checklist to stay proactive and centered on community when sharing and spreading quality health information.



HealthEquity
Community
Collaborative

Resource

Checklist for strategic communication

Source: Checklist prepared by Scott Ratzan, Rebecca Ivic and Sue McCarron.
Under review for publication in *Journal of Health Communication*

Checklist: Advancing Community Health Communication Practices

The steps below will enable leaders to stay proactive and centered on community when sharing and spreading quality health information.

1. Set Shared and Measurable Goals

- ☐ Define clear goals aligned with community health priorities, including trust-building, health literacy, preventive care uptake
- ☐ Prioritize equity-centered outcomes using social determinants of health and community needs/resource assessments
- ☐ Distinguish between immediate deliverables (e.g., quality health information responses) and long-term needs (e.g., ensuring safety in digital interactions)

2. Build a Coordinated, Community-Led Response

- ☐ Strengthen or establish partnerships within the community health center or local health network to coordinate a communication strategy
- ☐ Establish or join community coalitions including a mix of stakeholders, including public health agencies, media partners, local educators, and behavioral scientists
- ☐ Develop a local health information network for real-time sharing of trusted content, response to threat signals, and community feedback
- ☐ Align data collection tools and protocols with ethical standards and community governance models, prioritizing under-resourced populations

3. Develop a Community-Centered Communication Strategy

- ☐ Create community-centered messages and materials with languages and formats reflective of the populations served, using audio and visuals
- ☐ Use a multichannel approach that integrates trusted messengers, platforms, and community-based events
- ☐ Identify trusted local and digital messengers who equip communities with accessible, vetted quality health information content

Resource

Checklist for strategic communication

4. Implement the Communication Plan with Visibility, Partnership, and Accountability

- ☐ Launch coordinated messaging campaigns supported by local health staff, patient navigators, and community partners
- ☐ Publicly track progress and challenges in health communication initiatives, including transparency about rationale for evolving messages
- ☐ Monitor online and offline discourse to improve insights into planning.
- ☐ Empower communities to co-create the information ecosystem through training, civic media projects, and storytelling

5. Remain Responsive and Adaptive

- ☐ Acknowledge the dynamic nature of health information needs and be ready to pivot strategies based on community trends, new risks, or policy changes
- ☐ Regularly assess local dynamics and narratives that may affect message reception (e.g., stigma, historical trauma, political climate).
- ☐ Anticipate and prepare accurate messaging for emerging topics (e.g., climate-related health threats, new treatments, health and digital access rights)
- ☐ Close data and trust gaps by proactively generating transparent, accurate, and easily findable content via many channels, including social, phone, email, text, to prevent harmful information vacuums
- ☐ Foster scientific humility: communicate what is known, what is not yet certain, and what evidence is evolving with clarity and care

Have a question or resource request? Visit:

<https://www.healthequitycommunitycollaborative.org>

Source: Checklist prepared by Scott Ratzan, Rebecca Ivic and Sue McCarron.
Under review for publication in Journal of Health Communication

Poll

**What trainings
and/or
resources
would be most
useful to you?**



Ask Me Anything: Comms Edition

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Thank you for joining us!

1. Please complete the evaluation poll!
2. Stay tuned for our second training in August - date to be confirmed
3. Those who attend all three sessions will be invited to join a working group for continued comms engagement, peer support and professional guidance.

Support this work!

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donate to HECC or visit
donorbox.org/support-HECC



Thank you!