DOMAIN 2 COMMUNICATION

Activity Guide

JOB TASKS 2.1-2.7

Public Health Communication Response Simulation

Format: Team-based simulation and briefing (small groups)

Purpose: Apply all Domain 2 communication job tasks (2.1–2.7) through a realistic governmental public health communication response simulation. Students will practice developing accessible and audience-informed communication while managing communication under uncertainty, selecting communication channels, responding to media/public inquiries, coordinating across agency units, and addressing misleading or false information. This activity integrates all Domain 2 communication job tasks into a single coordinated public health communication response.

Instructor Context

Public health communication campaigns are not developed in isolation. They require coordination across roles, integration of data and community context, and attention to accessibility, cultural relevance, and misleading or false information. This activity simulates how state, Tribal, local, and territorial (STLT) health department teams collaborate to develop and manage communication in real-world scenarios.

Instructor Flexibility Note:

This activity is designed as a fully integrated simulation that applies all Domain 2 communication job tasks (2.1–2.7). However, instructors may also choose to use individual sections independently based on course goals or time constraints.

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Examples include:

- Using Step 1 as a short crisis communication exercise focused on rapid-response messaging under uncertainty
- Using Steps 3–4 as a communication material review and revision activity focused on accessibility, plain language, and cultural humility
- Using Step 5 as a misleading or false information response discussion examining when and how public health agencies should respond to misleading or false information
- Using Step 6 as an internal coordination exercise focused on communication approval processes and message consistency across agency units

Sections may be shortened, expanded, combined, or adapted for discussion, written reflection, role-play, or asynchronous instruction.

Activity Overview

Students will work as a cross-functional communication response team at the Riverbend County Health Department (RCHD). Teams will develop a communication response to a public health scenario, using the Riverbend County Profile (see page 10) to guide decisions.

Teams will develop two primary communication products throughout the simulation:

1. An initial rapid-response communication released under uncertainty
2. A final revised communication product developed after planning, review, and coordination

Student Role

Students are members of a governmental public health communication response team responsible for applying Domain 2 communication job tasks (2.1–2.7) during a developing public health situation.

Each group member should select at least one role from the table below and serve as the lead for that area of responsibility throughout the activity. Although each student will take the lead on a specific communication function, all group members should work collaboratively to develop, review, and coordinate the team's overall communication response.

Team Roles (roles may be combined depending on group size):

Role	Responsibilities
Communications Lead	• Guides the team's decision-making • Ensures consistency across messages and channels • Oversees final deliverables
Epidemiology Liaison	• Provides scientific/health information needed for accuracy • Clarifies case counts, health risks, prevention steps • Ensures alignment with current guidance
Community Engagement Liaison	• Identifies audience, linguistic, and accessibility needs • Advises on tailoring messages to varied populations • Suggests community partners for distribution
Accessibility Reviewer	• Ensures plain language • Checks for inclusive, respectful framing • Reviews materials for ADA and CLAS alignment
Media & Policy Relations Lead	• Anticipates media questions and prepares talking points • Helps craft press statements and responses • Considers how policymakers may interpret or use information
Misleading or False Information Analyst	• Identifies potential rumors and misleading or false information risks • Suggests clear correction strategies • Monitors platforms the team would respond through
Channel Strategist	• Selects distribution channels based on target audiences • Ensures consistency and scheduling across platforms

Scenarios (As a team, select one scenario from the handout on pages 8 and 9 to respond to):

- Extreme heat emergency in a rural agricultural community
- Measles outbreak in a large urban school community
- Air quality emergency in a densely populated urban corridor
- Norovirus outbreak in a suburban tech workplace

Instructions:

Teams will complete the following steps:

At the beginning of the activity, teams should rely only on the information provided in the scenario description. The goal is to practice communication decision-making under conditions of uncertainty rather than developing a fully informed technical response. Instructors may introduce additional information or scenario updates throughout the activity to simulate evolving public health situations and changing communication needs.

1. **Identify audience and immediate communication needs (Aligned with job tasks 2.1 and 2.3)**
    a. Identify priority populations
    b. Consider language, literacy, trust, and access barriers
    c. Determine what communication is needed immediately under conditions of uncertainty
    d. Draft a short initial rapid-response communication (e.g., social media alert, public statement, or media holding statement) to be released before full information is available

2. **Select communication channels (Aligned with job tasks 2.1 and 2.6)**
    a. Choose 3–5 communication channels for the response
    b. Justify based on access, trust, reach, and feasibility
    c. Determine how the final communication product would need to be adapted across platforms or audiences

3. **Develop final communication product (Aligned with job tasks 2.2, 2.3, 2.4, and 2.6)**
    a. Create one final revised communication product (e.g., social media post, flyer, public service announcement, talking points) that reflects:
        i. Accuracy
        ii. Plain language
        iii. Cultural and linguistic relevance
        iv. Fit for selected channels
    b. Prepare brief response language for potential media, legislator, or public inquiries related to the communication product

4. **Accessibility and cultural humility review (Aligned with job tasks 2.2 and 2.3)**
    a. Review the final communication product for health literacy level, accessibility (visual, language, format), cultural relevance, trust considerations, and CLAS considerations)
    b. Revise the final communication product based on review findings

5. **Address misleading or false information (Aligned with job task 2.7)**
    a. Identify likely misleading or false information or rumors related to the scenario
    b. Develop a response strategy
    c. Consider how to correct misleading or false information without amplifying
    d. Identify trusted messengers or communication channels that could support response efforts

6. **Plan internal coordination (Aligned with job task 2.5)**
    a. Identify internal partners involved in communication review and approval
    b. Determine review and approval process
    c. Ensure message consistency across units

7. **Final team briefing (Aligned with job tasks 2.1–2.7)**
    a. Teams present a 3–5-minute summary including:
        i. Scenario and target population
        ii. Initial rapid response communication and rationale
        iii. Selected communication channels and rationale
        iv. Final revised communication product
        v. Accessibility and cultural considerations
        vi. Media/public response approach
        vii. Misleading or false information response
        viii. Internal coordination approach

Encourage students to consider:

- How different audiences receive and trust information
- Trade-offs between speed, clarity, and completeness
- How communication decisions change across populations

Debrief questions:

- How did the Riverbend County Profile influence your communication decisions?
- Which communication tasks were most challenging to apply, and why?
- How did your team approach misleading or false information?
- What did you learn about coordination across roles?
- How did your selected population shape your strategy?

Alignment with CEPH MPH Foundational Competencies

Domain 2 Job Task		Related CEPH MPH Foundational Competencies
2.1	Manage broad and timely public health communications across all communities and partners	**Competency 18:** Select communication strategies for different audiences and sectors. **Competency 19:** Communicate audience-appropriate public health content, both in writing and through oral presentation to a non-academic, non-peer audience with attention to factors such as literacy and health literacy.
2.2	Review and develop health education and other materials published by the agency for accuracy and compliance with applicable public health communication standards (e.g., National CLAS Standards)	**Competency 18:** Select communication strategies for different audiences and sectors. **Competency 19:** Communicate audience-appropriate public health content, both in writing and through oral presentation to a non-academic, non-peer audience with attention to factors such as literacy and health literacy.
2.3	Develop accessible public health communication campaigns	**Competency 9:** Design a population-based policy, program, project, or intervention. **Competency 18:** Select communication strategies for different audiences and sectors. **Competency 19:** Communicate audience-appropriate public health content, both in writing and through oral presentation to a non-academic, non-peer audience with attention to factors such as literacy and health literacy. **Competency 20:** Describe the importance of cultural humility in communicating public health content.
2.4	Respond to requests for information and/or agency personnel appearances/interview requests from media, legislators, or public interest groups	**Competency 18:** Select communication strategies for different audiences and sectors. **Competency 19:** Communicate audience-appropriate public health content, both in writing and through oral presentation to a non-academic, non-peer audience with attention to factors such as literacy and health literacy.

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Domain 2 Job Task		Related CEPH MPH Foundational Competencies
2.5	Communicate across agency programs, divisions, and units	**Competency 18:** Select communication strategies for different audiences and sectors.
2.6	Review and manage the agency's external communication (e.g., social media, billboards, print, news, radio, website).	**Competency 18:** Select communication strategies for different audiences and sectors. **Competency 19:** Communicate audience-appropriate public health content, both in writing and through oral presentation to a non-academic, non-peer audience with attention to factors such as literacy and health literacy.
2.7	Monitor communications technologies to identify mass communications that differ from, or misrepresent, agency-accepted public health messaging	*No direct CEPH MPH Foundational Competency alignment identified.*

Scenarios (As a team, select one scenario to respond to):

SCENARIO **A**

Scenario A: Extreme Heat Emergency in a Rural Agricultural Community
A severe heat wave is impacting Riverbend's rural agricultural region, where agricultural workers and other outdoor workers are experiencing prolonged exposure to high temperatures. Worksites are geographically dispersed, and some workers have limited internet connectivity or may not regularly access county health department communication channels.

Health literacy levels vary, and workers may have different levels of familiarity with heat-related illness, warning signs, and prevention measures. Local radio, employers, supervisors, community organizations, and mobile-friendly resources may all play important roles in reaching this population.
A rumor circulating through social media and group messaging platforms claims that "drinking saltwater prevents heat stroke."

Your team must create clear, accessible communication about heat-related illness and prevention that can reach outdoor workers across dispersed, low-connectivity rural settings.

SCENARIO **B**

Scenario B: Measles Outbreak in a Large Urban School Community
Two measles cases have been confirmed in an elementary school located in a densely populated Riverbend neighborhood. The school serves families with varied language preferences, health literacy levels, and communication needs.

Families receive school and health information through multiple channels, including email, text alerts, school websites, social media, parent groups, and community organizations. Internet access is generally strong, but families differ in which sources and platforms they use most frequently.

Questions and concerns are spreading quickly through parent social media groups. A false claim circulating online states that "vaccinated children can still spread measles just as easily as unvaccinated children."

Your team must develop clear, accessible, and timely communication that addresses families' questions, accommodates language and health literacy needs, and provides consistent information across school, health department, and digital communication channels.

SCENARIO
C

Scenario C: Air Quality Emergency in a Densely Populated Urban Corridor
An industrial equipment failure has led to hazardous air quality across Riverbend's older urban corridor, which includes apartment buildings, single-family homes, schools, businesses, and multigenerational households.

Residents have varied health literacy levels and communication needs. Many households have stable internet and smartphone access, while others may depend on local news, neighborhood organizations, schools, workplaces, or community-based communication channels for timely information. Residents need rapid, practical guidance about reducing exposure, protecting children and older adults, and determining when conditions are safe.

False claims are circulating that:
"Masks make air quality exposure worse," and
"Pets can't be affected by bad air."

Your team must create timely, evidence-based, and accessible communication that explains the health risk, provides clear protective actions, addresses misleading or false information, and can be adapted for multiple audiences and communication channels.

SCENARIO
D

Scenario D: Norovirus Outbreak at a Suburban Tech Workplace
A large technology company in Riverbend's affluent suburban corridor has reported an outbreak of gastrointestinal illness affecting several employees. The workforce is primarily composed of highly educated English-speaking professionals, most of whom have strong digital literacy, high-speed internet access, and familiarity with online health information.

However, many employees rely heavily on crowdsourced online forums, workplace chat tools (like Slack or Teams), and social media to obtain rapid updates.

This has led to the rapid spread of conflicting "self-diagnosis posts," including incorrect claims that:
"This outbreak is caused by the office HVAC system."
"A detox juice cleanse can prevent infection."

Despite high education and strong tech access, employees are frustrated and anxious about workplace safety. Some question why the company didn't act sooner, contributing to emerging mistrust in institutional decision-making. Your team must create communication that is clear and suited to a population accustomed to immediate updates, professional communication style, and digital engagement.

Riverbend County Profile:

Riverbend County is a mid-sized, mixed urban–rural jurisdiction with approximately 430,000 residents. The county includes densely populated urban neighborhoods, suburban communities, small towns, and rural agricultural areas. Residents have varied language preferences, educational backgrounds, occupations, ages, and communication needs.

Health literacy levels vary across the county. Some residents regularly use digital health resources and online information, while others prefer information delivered through schools, workplaces, healthcare providers, local radio, community organizations, or interpersonal networks. These differences require the health department to communicate through multiple formats and channels.

Economically, Riverbend spans urban commercial centers, suburban areas, and rural agricultural regions. While some neighborhoods have high employment and education levels, other communities experience economic hardship, housing instability, limited transportation options, or fewer nearby health resources. These differences can affect residents' ability to access services, follow public health recommendations, and receive timely information.

Technology access also varies. Many households have reliable internet and smartphone access, while some rural areas experience connectivity gaps or inconsistent broadband coverage. Residents also differ in how frequently they use social media, email, text messaging, local news, radio, and other communication platforms.

Riverbend residents receive health information from a wide range of sources, including healthcare providers, schools, employers, community organizations, local media, social media, and personal networks. During public health emergencies, information can spread rapidly across these channels, including incomplete or inaccurate information. Effective county communication therefore requires timely, accurate, accessible, and audience-appropriate messages delivered through multiple communication channels.

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