Talk Data to Me:
Translating State Public Health Priorities from Data to Effective Communications

Bernie Wong
Johns Hopkins Bloomberg School of Public Health
MHS ’17, Mental Health Dept.
I. Introduction

II. Activity Highlights
   A. Data maintenance
   B. Annual reporting tool
   C. Social media tool
   D. Communications Policy

III. Conclusion
I. Introduction

A. What is SHIP?
Accountability
Accountability

Local action

Public engagement
Accountability
Local action
Public engagement
Maryland residents
Accountability
Local action
Public engagement
Maryland residents
Maryland Local Health Departments
Accountability
Local action
Public engagement
Maryland residents
Maryland Local Health Departments
Maryland DHMH
## 39 Measures of Health

### DATA SOURCES
- DHMH: BRFSS
- Vital Stats
- HSCRC
- Infec. Disease
- Medicaid
- YRBS
- State Police
- Highway
- CDC
- DHR
- Planning
- Environment
- Education

### MEASURES

<table>
<thead>
<tr>
<th>Measure</th>
<th>DHMH:</th>
<th>BRFSS</th>
<th>Vital Stats</th>
<th>HSCRC</th>
<th>Infec. Disease</th>
<th>Medicaid</th>
<th>YRBS</th>
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<td>Adolescents Tobacco</td>
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In October 2015, there was a national update to ICD codes (ICD 9 to ICD 10) rendering data from October 2016 and prior incomparable to ICD coded data moving forward. These changes impact all measures that are derived from ICD coded data from the Health Service and Cost Review Commission (HSCRC) visits to the emergency department due to:

- Hypertension, diabetes, asthma, dental, Alzheimer’s, and mental health.

These data are hosted and made externally available through the SHIP, a quality improvement and performance process measurement resource.
Babies With Low Birth Weight

This indicator shows the percentage of live births that are a low birth weight (2500 grams or less). Babies born with a low birth weight are at increased risk for serious health consequences including disabilities and death. Low birth weight babies weigh less than 2,500 grams (5.5 pounds). Maryland’s low birth weight percentage is higher than the national average.

Measurement Period: 2014
Local health department
(e.g., Baltimore City, Carroll County, etc.)

Health care organization
(e.g., hospitals, health clinics)

State health department

Other (e.g., academia, county government)

http://DHMH.Maryland.gov/SHIP
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   A. What is SHIP?
   B. Why communications?
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DESIGN STUDY

COLLECT DATA

CLEAN & ANALYZE

TRANSFER

PUBLISH

APPLY TO IMPROVE HEALTH
DESIGN STUDY → COLLECT DATA → CLEAN & ANALYZE → TRANSFER → PUBLISH → APPLY TO IMPROVE HEALTH

SHIP

Website  Newsletter  Reports  Social media
SHIP

Data
Quality Assurance
Data Details

Website
Newsletter
Reports
Social media

DESIGN STUDY
COLLECT DATA
CLEAN & ANALYZE
TRANSFER
PUBLISH
APPLY TO IMPROVE HEALTH
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BACKGROUND

In early 2011, the Maternal Health Improvement Process was established to improve maternal, infant, and child health outcomes. The goal was to reduce the number of low birth weight infants and increase the proportion of women who receive prenatal care in the first trimester.

SHIP MEASU

The SHIP began with a focus on improving maternal and child health outcomes. The initiative aimed to increase the proportion of women who receive prenatal care in the first trimester, reduce the number of low birth weight infants, and increase the proportion of women who receive postpartum follow-up care.

Trends: Infant mortality rate

The infant mortality rate has decreased significantly over the past decade. In 2010, the rate was 6.9 per 1,000 live births, while in 2020, it was 4.2 per 1,000 live births.

Trends: Low birth weight infants

The proportion of low birth weight infants has also decreased significantly. In 2010, the proportion was 7.2%, while in 2020, it was 4.8%.

Trends: Prenatal care utilization

The proportion of women who receive prenatal care in the first trimester has increased significantly. In 2010, the proportion was 67.3%, while in 2020, it was 84.5%.

TRENDS

The trends indicate that the initiatives have been effective in improving maternal and child health outcomes. The decrease in the infant mortality rate and low birth weight infants, as well as the increase in prenatal care utilization, are positive indicators of the effectiveness of the SHIP.

PROMISING LOCAL STRATEGY

The Frederick County Health Care Coalition focused on promoting healthy sleep practices among pregnant women to reduce SIDS. The coalition provided educational materials and support groups to increase awareness and promote healthy sleep habits.

Graphs and tables are included to illustrate the trends and progress made by the SHIP.
Annual Reporting Tool:

A. The Centers for Disease Control & Prevention (CDC)
B. Organizations & Companies
C. Health departments
Health organizations
Healthy People
Other SHIPs
A. The Centers for Disease Control & Prevention (CDC)

CDC Health Disparities and Inequalities Report — United States, 2013

Introduction

The purpose of this supplement is to publish the results of the second CDC Health Disparities and Inequalities Report (2013-2014) on disparities in the prevalence of education and poverty in the United States. The 2013 CDC Health Disparities and Inequalities Report (2013-2014) was based on data from the 2011 National Health Interview Survey (NHIS) and the 2011-2012 National Survey of People with Disabilities (NSP). This report updates the 2011 CDC Health Disparities and Inequalities Report (2011-2012) on disparities in the prevalence of education and poverty in the United States. The analysis and discussion of disparities in poverty and education are based on data from the 2011 NHIS and the 2011-2012 NSP.
A. The Centers for Disease Control & Prevention (CDC)

Content – Scientific publication format

1. Introduction/background
2. Methods
3. Definition of measures
4. Results
5. Discussion
6. Limitations
7. Appendix
ANNUAL REPORTING TOOL

B. Organizations & Companies

The Ford Foundation: 2012 annual report
Content

1. Acknowledgements and partnerships
2. Executive statements
3. History, vision, and purpose
4. Financial statements
C. Health departments
Health organizations
Healthy People
Other SHIPs

Healthy Vermonters 2020: State Health Assessment Plan: 2012 Annual report
C. Health departments
Health organizations
Healthy People
Other SHIPs

Content

1. Acknowledgements and partnerships
   Executive statements
   History, vision, and purpose

2. Data summary
C. Health departments
Health organizations
Healthy People
Other SHIPs

Content
1. Acknowledgements and partnerships
   Executive statements
   History, vision, and purpose
2. Data summary
Questions to consider

1. Who is your target audience?
2. What do you want to achieve?
3. How do you drive behavior change?
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Social Media Tool:
A. Guidelines & recommendations
B. SHIP Social Media Launch Plan
C. Sample Social Media Accounts
A. Guidelines & recommendations
A. Guidelines & recommendations

1. Proposed platforms

A. Where is your audience located?
B. How does each platform uniquely engage its audience?
C. Which platform is most conducive to the outcome you want to achieve?
A. Guidelines & recommendations

1. Proposed platforms

2. Guiding principles

A. What is your objective?

B. Who is the audience?

C. What kind of content do you want to post about?
   What is interesting to your audience?
   What is important to your audience?
   What is important to you?
A. Guidelines & recommendations

1. Proposed platforms
2. Guiding principles

3. Crafting posts

A. Post at least 1x / week
   Post at most 3x / day

B. Include with each post:
   i. Image
   ii. Link to website

C. Use accessible language;
   Avoid jargon
A. Guidelines & recommendations

1. Proposed platforms
2. Guiding principles
3. Crafting posts
4. Social media etiquette
B. SHIP Social media launch plan

Lead social media coordinator

Supporting operational infrastructure

Content preparation  Account creation  Network building
C. Sample Social Media Accounts

1. Centers for Disease Control & Prevention (CDC)
2. New York State Department of Health (NYSDOH)
3. The United Nations International Children's Emergency Fund (UNICEF)
4. World Health Organization (WHO)
5. Harvard Health Publications

a. **Primary content**  What topics the account posts about
b. **Content themes**  What information and components each post includes and how each post is written
c. **Design themes**  What each post looks like (i.e., what visuals are used)
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Communications Protocol

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B. Stakeholder analysis
C. Standard language
D. Branding
E. Policies
Communications Protocol

A. Communications overview
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A. What are your communication objectives?
B. Who are your target audiences?
   Who are your secondary audiences?
C. What are your primary avenues of communication?
   How do these align with your audiences?

- Visibility
- Health knowledge
- Utilization
- Web traffic
- Engagement
- LHICs
# Communications Protocol

A. Communications overview

B. Stakeholder analysis

C. Standard language

D. Branding

E. Policies

## Stakeholder analysis

<table>
<thead>
<tr>
<th>Stakeholder</th>
<th>Contact info (Preferred method)</th>
<th>SHIP liaison</th>
<th>Frequency / date of contact</th>
<th>Level of support</th>
<th>Impact on change</th>
<th>Stakeholder's primary interests/concerns</th>
<th>Stakeholders receive from SHIP</th>
<th>Stakeholders give to SHIP</th>
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<tbody>
<tr>
<td>Example 1</td>
<td>(123) 456 - 7890</td>
<td>Dorothy Sheu</td>
<td>Annual; January 1st</td>
<td>5</td>
<td>3</td>
<td>SHIP data access</td>
<td>SHIP annual report</td>
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<td>1</td>
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<td>Visual design consultation</td>
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</table>
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Standard language

To establish a consistent narrative about SHIP, ongoing communications efforts should utilize consistent language to describe SHIP and its history. This section compiles standard language that can be copied and modified to accommodate the specific communication need.

Tagline

Measuring the health success of Maryland.

Short summary

Maryland’s State Health Improvement Process (SHIP) is a framework for accountability, local action, and public engagement to advance the health of Maryland residents. SHIP organizes around 39 indicators of health, which enables communities to identify critical health needs and implement evidence-based strategies for change using a common platform to measure success.

Vision

Maryland’s State Health Improvement Process (SHIP) aims to provide an evidence-based health surveillance system to inform the design, development, implementation, and monitoring of health programs and policies in the state of Maryland. Establishing a standardized measurement of state health allows for a collective and collaborative strategic effort by health entities, organizations, and state government departments to improve the health of Maryland citizens.

History of SHIP measures

In its 2011 launch, SHIP began with 39 health measures in six vision areas – healthy babies, healthy social environments, safe physical environments, infectious disease, chronic disease, and health care access. These measures were chosen in close collaboration with community health leaders, local health entities, and the general public. In 2013, a few select measures were added and removed, and the vision areas reorganized to better align with the U.S. Department of Health and Human Services’ Healthy People 2020 Initiative and reflect how Maryland communities approach health improvement. The resulting SHIP measures consisted of 41 health measures organized in five vision areas – healthy beginnings, healthy living, healthy communities, access to health care, and quality preventive care.

SHIP has encouraged the development of Local Health Improvement Coalitions, which are each led by local health officers. LHICs provide a forum for county health departments, nonprofit hospitals, and community-based organizations to analyze and prioritize community health needs.
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### Branding

To establish a consistent brand or outward facing image of SHP, communications efforts should utilize similar design elements in the presentation of SHP programming. This section outlines several design elements and their respective guidelines for composition.

#### I. Color palette

<table>
<thead>
<tr>
<th>Color</th>
<th>Sample</th>
<th>HEX-Code For HTML, CSS, etc.</th>
<th>RGB* For digital monitors</th>
<th>CMYK For color printing</th>
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</thead>
<tbody>
<tr>
<td>Red</td>
<td>Red</td>
<td>#E62025</td>
<td>182 / 32 / 37</td>
<td>19 / 100 / 100 / 11</td>
</tr>
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<td>Gold</td>
<td>Gold</td>
<td>#F5882B</td>
<td>245 / 184 / 48</td>
<td>3 / 28 / 98 / 0</td>
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<td>Black</td>
<td>Black</td>
<td>#1F2125</td>
<td>31 / 33 / 37</td>
<td>75 / 68 / 61 / 71</td>
</tr>
</tbody>
</table>

#### II. Typography

A. Font face

- Appropriate serif fonts: Georgia
- Appropriate sans-serif fonts: Calibri, Calibri Light, Tahoma, Verdana, Arial

* These fonts were selected due to their cross-platform compatibility. Other custom fonts may be utilized but care must be taken to use professional and legible type faces.

B. Font size

- In most cases, font size should be at least:
  1. 11pt for Microsoft Word and other similar documents
  2. 20pt for Microsoft PowerPoint and other similar presentations

C. Styling

- Other font styling (i.e., bold, italics, underline, and other formatting) should be exercised with restraint and only utilized to add organization and emphasis when needed.
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DHMH Media Protocol

Communicating with the media, including both proactive communications and responding to media inquiries, is a critical component of the mission of the Department of Health and Mental Hygiene (DHMH). The Department has an obligation to provide consistent and factual information to the media.

The Secretary of DHMH is the Department’s chief spokesperson. When appropriate responsibility for speaking on behalf of the Department will be assigned through the Office of Communications to those staff members with particular expertise needed to provide information of technical support.

In order for effective and timely communication with the public to occur, the Office of Communications must be informed proactively about issues or incidents that may attract media attention. This is necessary so that the Office of Communications may respond in a timely manner and may maintain consistency regarding matters of DHMH or Administration policy.

It is the protocol of the Department that all media inquiries be cleared through the DHMH Office of Communications prior to conducting interviews with reporters. This protocol is not to be interpreted as censorship, but rather as a policy to coordinate communication.

*NOTE: this protocol does not apply to media inquiries regarding employees’ personal views on any particular subject — only to those soliciting information or an official response on behalf of the Department.

If contacted by the media, ascertain the issue, and then advise the reporter that an appropriate party will make contact. All media contacts, no matter to whom they are directed, are to be forwarded to the Office of Communications where a decision will be made in concert with appropriate Administration Directors, etc., as to what, if any, information will be released, by whom and in what format.

Health professional boards, commissions and local health departments are asked to provide follow-up information to the Office of Communications when appropriate.
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Thank you!

Full report:
DHMH.MarylandSHIP@Maryland.gov