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# Better Communication for Better Public Health: Perspectives From an Interdisciplinary Training Program

**Rebecca J. Shlafer, PhD**[1], **Annie-Laurie McRee, DrPH**[1], **Amy L. Gower, PhD**[1], and **Linda H. Bearinger, PhD, RN**[1]

[1]University of Minnesota in Minneapolis, MN, USA

## Abstract

Myriad factors determine the health of young people—biological, psychological, familial, contextual, environmental, and political, to name a few. Improving the health of adolescents means that leaders in health care and public health must have the requisite skills for translating research into priorities, practices, and policies that influence a wide array of health determinants. While adolescent health training programs may give emphasis to effective communication with adolescents as patients or as priority populations in health education/promotion efforts, are we adequately preparing our future leaders with the skill sets necessary for moving scientific evidence into practice, programs, and policies? Internship and fellowship programs may invest heavily in teaching skills for conducting research and health education/promotion, but they may not focus enough on how to translate scientific evidence into practice, programs, and policy. In this commentary, we share our experiences equipping professionals working with adolescents in health care and public health settings with skills for scientific writing, public speaking, and advocacy on behalf of young people, and discuss the need for more collaboration across disciplines.

### Keywords

career development/professional preparation; child/adolescent health; health promotion

The Maternal and Child Health Bureau (MCHB; 2009) identifies communication as an essential competency for leaders in the field. Defining communication as the verbal, nonverbal, and written sharing of information, effective communicators have the ability to convey information to others while also being able to effectively receive information from others. Furthermore, communication involves both the message (i.e., what is being said) and the delivery method (i.e., how it is being said). Despite the importance of communication for all aspects of research, practice, and policy, as professionals, we often have limited formal training in effective communication, particularly outside of our primary disciplines and professions. Here we aim to describe the importance of communication as an essential skill for leaders in adolescent health and to share our experiences in training interdisciplinary fellows through the University of Minnesota Leadership Education in Adolescent Health (MN-LEAH) training program. We do so as an interdisciplinary writing team composed of

Address correspondence to Rebecca J. Shlafer, University of Minnesota in Minneapolis, 717 Delaware Street SE, MN, 55414, USA; shlaf002@umn.edu.

training faculty and former fellows, representing the disciplines of psychology, nursing, and public health. Our experiences and lessons learned are relevant for researchers and practitioners who share a commitment to increased advocacy efforts across disciplines, MCH populations, and diverse practice settings.

## COMMUNICATION IS AN ESSENTIAL MCH LEADERSHIP SKILL

The diverse health issues faced by children, adolescents, and their parents rarely confine themselves to a single system. Likewise, no single discipline has garnered the requisite knowledge and skills to address the complex array of MCH issues or specifically adolescent health problems (Orr, 1987). Thus, investments in interdisciplinary training continue to serve as keystones for assuring both individual and population health (Lawrence, Gootman, & Sim, 2009). The goal, then, of training programs is to prepare leaders with the capacity to work across disciplines as well as across systems, the sine qua non of which is effective communication. Communication, a crosscutting skill, lays the foundation for effectiveness in other MCH leadership competences (e.g., building shared vision among diverse constituents, developing others through teaching and mentoring, mobilizing for community action, and influencing policies to improve the health of MCH populations).

As leaders in adolescent health, we must be able to communicate effectively not only with the populations we serve (i.e., adolescents and their caregivers) but also with colleagues within our own professions. And we must be able to communicate *across* professions and with the broader community. We may be asked to communicate both verbally and in writing to a wide range of audiences within and beyond those in our profession (e.g., lay audiences, program participants, practitioners, policy makers) in a variety of venues (e.g., at scientific meetings, informational sessions with parents, and legislative testimony) for different purposes (e.g., patient care, advocacy/persuasive writing, program recruitment, and social services). In addition, we often work in interprofessional teams to provide services to adolescents and their families. For example, interprofessional teams working with families involved in child protective services for reasons of abuse or neglect could include professionals from nursing, pediatrics, psychology, social work, and public health. For those of us conducting research on adolescent health issues, we increasingly find ourselves in interdisciplinary research teams that include scholars from diverse theoretical and methodological backgrounds (e.g., medicine, nursing, nutrition, psychology, public health, social work, and sociology). With the implementation of the Patient Protection and Affordable Care Act, health education specialists play an increasingly important role in promoting health across the life span (Goodman et al., 2013). From our perspective, this presents additional opportunities for strengthening our shared commitment across professions to improve communication skills at every stage of career development.

Learning from our colleagues in other settings and capitalizing on shared competencies and responsibilities is key to public health education/promotion efforts. For example, the MCH leadership competencies of communication, cultural competence, and advocacy are tightly aligned with the Areas of Responsibility for Health Education Specialists (National Commission for Health Education Credentialing, 2015), in particular “Area VII:

Communicate, Promote, and Advocate for Health, Health Education/Promotion, and the Profession."

Despite the importance of interprofessional communication, we face a number of challenges in conveying our message to diverse audiences, particularly when their training and background experiences are different from our own. By definition, discipline-specific training comes with its own professional culture and accompanying values, beliefs, attitudes, behaviors, and "language" (Hall, 2005). Moreover, core concepts, theoretical frameworks, methodological approaches, and problem-solving strategies, as well as jargon and acronyms, differ across the array of disciplines comprising the workforce in MCH. Thus, when collaborating across disciplines or professions, it is not uncommon to encounter "language barriers," where common terms or guiding principles are not the same from one discipline to the next. For example, one psychology trainee in our program recalls attending a meeting in which several attendees repeatedly used the acronym "PCP" in their discussion of working with families and adolescents with multiple risks. As someone whose research focuses on parents involved in the criminal justice system, the trainee assumed this must have been a discussion about prenatal exposure to phencyclidine (aka, PCP or angel dust); only later did it become clear that the other attendees were talking about primary care providers (aka, PCPs). The point is, of course, that we commonly use jargon and acronyms among the colleagues within our disciplines or professions; effective communication across disciplines, however, requires us to find common ground and a shared language.

Another challenge we often encounter is that different audiences often have different priorities and goals, as well as incompatible time lines. For example, researchers and scholars are trained in the methods of scientific inquiry; in a sense, they are "question generators." They aim to ask and answer a specific question and, acknowledging the limitations of their research, ask more questions through a process that can take years to complete and even longer to translate and diffuse into clinical or public health practice (Glasgow, Lichtenstein, & Marcus, 2003; Institute of Medicine, 2001). Policy makers and practitioners, on the other hand, need evidence that is clear, relevant, and actionable. They often want and need answers more quickly to inform decisions about effective policies or clinical care (Mitton, Adair, McKenzie, Patten, & Perry, 2007). Similarly, professionals on the "front line" of adolescent health practice may not feel that the research being conducted is sensitive to their needs or the needs of the populations they serve, or cognizant of the political or fiscal climate in which they are working. Interprofessional communication and partnerships are key building blocks for bridging the gap between research and practice to serve the health needs of parents, children, families, and communities and to better advocate for programs and policies that promote health equity.

Despite its challenges, effective communication remains central to MCH leadership. For example, a 2008 assessment of state Title V workforce needs found that nearly three of four (71%) state Title V programs identified skills in writing (especially synthesis and translation of MCH science for a variety for audiences) as a pressing training need and over that half (57%) indicated a need for enhanced skills in communicating health information in a way that inspires and motivates communities (Grason et al., 2012). Similarly, respondents to a 2010 U.S. state and territories survey focused on adolescent health training highlighted the

value of knowledge and skills in advocacy, cultural competence, strengthening communications, and interdisciplinary teaming (State Adolescent Health Resource Center, 2010).

## LEADERSHIP EDUCATION IN ADOLESCENT HEALTH

Established in 1977, MCHB's LEAH Training Program provides interdisciplinary leadership training in adolescent health for five core disciplines: medicine, nursing, nutrition, psychology, and social work (MCHB, 2009). The LEAH program prepares pre- and postdoctoral trainees for leadership roles in public health practice and clinical care, research, and advocacy with the goal of improving care for adolescents and enhancing the capacity of Title V programs to improve young people's health. The interdisciplinary training emphasizes a population-based, public health approach and incorporates preparation in prevention as well as care coordination, training in research methodology, and the development of critical skills including communication. As of 2012, MCHB funds LEAH training at seven sites, and in a given year, over 1,600 people receive training through these programs (National Commission for Health Education Credentialing, 2015).

The MN-LEAH aims to improve the health and well-being of adolescents by equipping the next generation of MCH leaders in academic and public health sectors with the skills for identifying and responding to the emerging health needs of young people, at both individual and population levels. At our core, MN-LEAH has framed adolescence as a time of opportunity, a time during which young people have strengths to build on, as opposed to only risks to reduce. This frame has infused all our training activities and has led to a cadre of nationally recognized academic and public health leaders who are dedicated to training the future work-force of adolescent health leaders and supporting healthy youth development.

As leaders in adolescent health, we are often asked to present our work in a variety of venues to diverse audiences, including professionals from academic and nonacademic audiences. In doing so, we must "frame" our work to reach our intended audience in appropriate and effective ways. Both the message and the delivery method must be tailored to be relevant to our audiences and the priority populations with whom they work. Put simply, what we say (and how we say it) should be different if we are talking to health care providers, as opposed to patients, their parents, teachers, or our state legislators. Adapting the message to the audience is a simple-sounding task; however, it is surprisingly difficult and often not effectively practiced. Many in the MCH workforce often lack training that would teach them skills for reaching diverse audiences (e.g., academic, policy, practitioners, patients, lay audiences) and to do it well.

Our yearlong leadership training in communication focuses on three key areas: public speaking, scientific writing, and advocacy. Each communication component in the training curriculum allows for development of general skills with multiple opportunities for practice and feedback; throughout, trainees are mentored to think intentionally and strategically about tailoring messages for particular audiences and how messages about adolescent

development are framed to effectively influence systems and advocate for evidence-based adolescent health programs and policies.

In addition to core training seminars, many MN-LEAH trainees build experiences and expertise through tailored opportunities to communicate with relevant stakeholders in a variety of media formats. Follow-up assessments with former fellows indicate that their experiences developing communication and leadership skills during their fellowship in MN-LEAH are valuable in their current positions, which range from public health nurses to community-based clinic directors to university professors.

## OPPORTUNITIES FOR COLLABORATION

Through various components of the MN-LEAH fellowship curriculum, interdisciplinary trainees develop skills to become successful communicators and effective leaders in adolescent health. With today's complexity of health issues, many with social, political, and economic origins and overlays, a savvy leader in adolescent health is adept at working with colleagues from diverse professions within a vast network of health systems and social services. These skills allow leaders to extend their influence to stakeholders beyond their patients and the adolescent health workforce, including parents and other community members, policy makers, and the press. We hope this article will spark an interest in collaborative, interdisciplinary training opportunities across the career span for our public health colleagues who share a commitment to improving our collective communication, leadership, and advocacy capacity. We look forward to communication from *Health Promotion Practice* readers regarding these opportunities.

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