

Advisory Committee to the Director  
Centers for Disease Control and Prevention (ACD, CDC)  
Communications and Public Engagement Workgroup  
**Terms of Reference**  
**February 8, 2024**

**PURPOSE**

This document defines the activities, membership, and administrative requirements associated with the establishment of a Communications and Public Engagement Workgroup (CPEW) under the Advisory Committee to the Director, Centers for Disease Control and Prevention (ACD, CDC) in the Immediate Office of the Director. The CPEW is being established to assist the ACD in developing recommendations to CDC on agency-wide activities related to how to communicate directly and more effectively with the public, with a focus on reaching local communities with messages.

The CPEW convenes a balanced group of subject matter experts in communications; public health science and practice; community engagement; behavioral science/change, as well as from other individuals, to work with the ACD, CDC in their development of advice and recommendations to CDC regarding effective communication with the public. Effective communication with the public includes, but is not limited to: 1) building relationships and mechanisms to communicate via trusted messengers, such as clinicians, faith and community leaders, and health department officials at the national, state and local levels; 2) improving risk communication practices; 3) delivering more action-oriented and focused communications to help people protect their health (e.g., effective messages and storytelling); 4) tailoring our messages and communications methods, as appropriate, to audiences, particularly for historically marginalized communities and 5) increasing transparency by stepping up the pace, content and reach of our communications (e.g., considering impact of different communications channels, such as social media, blogs, TV interviews, emerging platforms).

**BACKGROUND**

Effective communication is essential in CDC being trusted, highly effective, and deeply embedded in a larger integrated system that protects the public's health. As part of the agency's Moving Forward work, CDC is prioritizing public health communications by improving how CDC interacts with the American public. These efforts include building a new, easier-to-navigate website, more real-time communication about health threats, and plain language training for scientists and staff across CDC. Communication is a critical component of CDC's work in response to health threats, such as during the COVID-19 pandemic, and in the agency's work to prevent disease and promote well-being. The COVID-19 pandemic emphasized the importance of communication in protecting the public's health, as people needed information to make choices about how to protect themselves and their loved ones. Public health saw the consequences of people who did not hear or understand our messages, and the benefits to those who did. Communication gaps with historically marginalized populations persist.

Effective communication with the public has evolved over time in multiple ways. People are seeking different types of content (e.g., shorter-form and more accessible written communications, such as blogs; visuals). They are frequenting different communications channels with the proliferation with digital methods of communication. The ability to reach the public with important public health

communications has become more challenging as people are inundated with increasing volumes of information.

### **DESCRIPTION OF ACTIVITIES**

The CPEW's primary charge is to provide input to the ACD, CDC regarding potential solutions to issues and questions including but not limited to:

1. How can CDC build more robust relationships and mechanisms to communicate via trusted messengers (e.g., clinicians, faith leaders, those with lived experience) at the national, state and local levels (e.g., how to identify and prioritize trusted messengers for different groups; how to leverage communications roll-out plans to track engagement with trusted messenger partners?)
2. What should CDC pursue to improve its risk communication efforts with the public (i.e., sharing what we know, when we know it, and also sharing what we *don't* know, and, crucially, what we're doing to find answers; how to acknowledge when the science is evolving and changing)? How does CDC better understand audience-specific perceptions of risk, and how does CDC better tailor content (e.g., visuals), outreach and messaging efforts that match to risk level and encourage appropriate health protection behaviors among those audiences?
3. What are the ways CDC can deliver more actionable, understandable, and focused communications to help people protect their health (e.g., developing more effective messages and storytelling, including around data)?
4. How should CDC tailor messages and communications methods, as appropriate, to different audiences, particularly for historically marginalized communities (e.g., how can we best reach these populations to protect the most people in the most communities)?
5. Are there other considerations to achieving greater transparency in addition to increasing the pace, content and reach of CDC's communications? (e.g., considering impact of different communications channels, such as blogs, TV interviews, emerging platforms)?
6. What mechanisms should CDC use to evaluate/measure progress in its public-facing communication efforts?
7. How might CDC ensure greater consistency and minimize perceived contradictions in its communications at all levels?

This group may suggest partners or sectors to work with, messaging tools or frameworks, or conduct listening sessions to help inform these recommendations.

### **MEMBERSHIP**

The CPEW will be established under the ACD, CDC and will be co-chaired by two Special Government Employees of the ACD, CDC. The ACD, CDC workgroup DFO, in consultation with the ACD chair and ACD DFO will identify the Workgroup membership and work priorities. The CPEW workgroup may include subject matter experts who are appointed based on their professional, scientific, technical, or other field, or individuals who are regarded authorities or practitioners of unique competence and skill by other persons in the profession, occupation, or activity. As a result, the CPEW will be comprised of no more than 15 members, and will strive to cover the following disciplines of expertise:

- Communications, including public relations, health communication, risk communication, communication research, and marketing;
- Community and partner engagement;
- Public health science and practice, including implementation;

- Behavioral science/behavior change campaigns.

#### **MEETINGS, ADMINISTRATION, AND TIMELINES**

1. Administrative Oversight: The Designated Federal Officer for the ACD, CDC and -the CPEW workgroup DFO will work with the workgroup co-chairs to arrange meetings, document meeting proceedings, and report to the ACD on workgroup findings.
2. Meeting Frequency: The workgroup will meet as often as needed to address specific issues and to draft the summary workgroup report.
3. Meeting Structure: In addition to the workgroup DFO, at least two ACD members (which may include the workgroup co-chair/s) must be present at each workgroup meeting for a quorum. Meetings will occur via teleconferences and may also include an in-person meeting. An agenda, relevant publications, and background material will be circulated at least a week prior to each meeting.
4. Conflicts of Interest: Non-ACD workgroup members will complete the Conflict of Interest and Confidentiality Information for Workgroup Members form (CDC Form 0.1473) to disclose interests (e.g., employment, special interests, grants, or contracts) that a reasonable person could view as conflicts or potential conflicts of interest with their committee workgroup participation. Members will also disclose any potential conflicts of interest before any meeting. If a workgroup member indicates a potential or actual conflict of interest, the workgroup DFO will advise the member to recuse themselves from participating in workgroup discussions that implicate such a conflict-of-interest concern.
5. Confidentiality and Disclosure: The discussions of the Workgroup may include information that is unpublished, protected, privileged, or confidential. Information of this nature must not be disseminated, distributed, or copied to persons not authorized to receive such information. When these types of information are being distributed, the person/s presenting will identify the information as such, so all members are duly informed; such written materials shall be clearly marked as such.
6. CDC Staff Involvement: The CPEW may seek input from CDC subject matter experts for consultation or informational presentations that contribute to the work group's activities. Such consultation or information presentations by CDC staff will be transparent and evident to minimize the risk of, or the appearance of, undue influence that would compromise the independence of the work group. The parent committee and workgroup DFO will ensure that the workgroup activities and work products are appropriate and not unduly influenced by CDC or by any special interest group.
7. Timelines: The workgroup will hold its first orientation teleconference as soon as possible after the group is constituted and no later than the third quarter of 2024. The workgroup will provide its summary report to the ACD, CDC no later than June 2025 and may provide interim reports at earlier ACD meetings. The CPEW may be asked by the ACD to answer additional questions upon the ACD review of the report.

8. Subject Content: Findings and opinions of the workgroup members will be discussed at workgroup meetings. A summary report of the workgroup's findings will be presented to ACD for consideration for action (discussion, deliberation, and decision).
9. Workgroup Meeting Summaries: Meeting minutes will be created to capture the information gathered during each workgroup meeting and teleconference. A workgroup summary report will be created based on research activities and information gathered during their discussions. The workgroup summary report will be provided to the ACD for consideration and deliberation in a public meeting. The summary report will become part of ACD official record.

#### **RECORDKEEPING AND REPORTING**

The workgroup co-chairs will present meeting summaries and the final work product to the ACD for consideration and for determining recommendations. Approved ACD recommendations will be included in the ACD meeting summary and annual comprehensive review report.