DRAFT
VIRGINIA BOARD OF HEALTH PROFESSIONS
DEPARTMENT OF HEALTH PROFESSIONS
Education Committee Meeting
May 4, 2010

TIME AND PLACE: The meeting was called to order at 10:00 a.m. on Tuesday, May 4, 2010 at the Department of Health Professions, Perimeter Center, 9960 Mayland Drive, 2nd Floor, Board Room 2, Henrico, VA, 23233

PRESIDING OFFICER: Mary Smith
MEMBERS PRESENT: Damien Howell, MS, PT, OCS
Mary Lou Argow
Billie Watson Hughes
Michael Stutts, Ph.D.
John T. Wise, D.V.M.

MEMBERS NOT PRESENT: All members were in attendance

STAFF PRESENT: Elizabeth A. Carter, Ph.D., Executive Director for the Board
Justin Crow, Research Assistant
Laura Chapman, Operations Manager
Diane Powers, Director of Communications

OTHERS PRESENT:

QUORUM: With all members present a quorum was established.

AGENDA: No changes or additions were made to the agenda.

PUBLIC COMMENT: There was no public comment.

APPROVAL OF MINUTES: There were no previous minutes to approve.

COMMUNICATIONS DIRECTOR'S REPORT: Diane Powers, Communications Director for the Department of Health Professions introduced herself and thanked the Committee for welcoming her.

2010 Workplan
Ms. Powers reviewed the goals of the Workplan in Attachment 1 as being; 1) development of new DHP Board and staff training materials; 2) exploring new ways to best leverage technology; and 3) developing a ready-reference electronic library of presentations on video.

The guidance documents created in 2007 were noted to be very good, but they were viewed as needing to be updated to meet more current needs and guidelines.

Executive Directors have expressed that they would like new materials beginning July 2010 to coincide with new board member terms. Ms. Powers recommended a phased approach

to achieve this goal that may include the use of the Knowledge Center, video, and other DHP resources and at the same time ensures that the "human element" is retained.

Ms. Powers recommended that DHP should do a "communications audit" to objectively determine which areas are doing well and which need to be improved upon. Attachment 2 provides information on what a communications audit typically entails. Ms. Powers noted that there are several Virginia colleges that have programs with communications education curricula. She suggested that we may be able to work with a master's degree class willing to take on this task as a class project. Ms. Powers requested that committee members who may have a connection to one of these colleges address this idea with them to determine if they would be interested.

Ms. Powers also reported that she believes the media services in Virginia would benefit from training on the role of DHP and the Boards and how to navigate and understand the DHP website. It is difficult to obtain information from the website without this knowledge and a more detailed explanation of what is there and how to use it is becoming more and more essential. She recommends that a training session could be prepared and conducted through WebEx or similar real-time electronic training means.

EXECUTIVE DIRECTOR'S REPORT:	**Healthcare Workforce Data Center**
	Dr. Carter advised the Committee of the progress being made by the Healthcare Workforce Data Center. The Physician's data is nearing completion and will be posted to the DHP website in June 2010 and the renewal surveys for Certified Nurse Aides, Physician Assistants, and Nurse Practitioners are in their final drafts. She hopes to be able to launch them in early summer pending approval of the Center's Advisory Committee.
NEW BUSINESS:	There was no new business.
ADJOURNMENT:	The meeting adjourned at 10:53 a.m.

_____   _____
Mary Smith   Elizabeth A. Carter, Ph.D.
Committee Chair   Executive Director for the Board

Attachment 1

February 4, 2010

TO: Mary Smith, Chair   CC: Sandra Ryals
                DHP Education Committee   Elizabeth Carter
                Committee Members

FROM: Diane Powers

RE: **Draft DHP Strategic Communications Plan**

Thank you for the opportunity to discuss next steps regarding public education initiatives at the Department of Health Professions (DHP) through 2012.

To assist our conversation three documents are attached.

- The first is a draft strategic communications plan to support the 2010 – 2012 DHP Strategic Service Plan now posted on it's website www.dhp.virginia.gov//about The draft communications plan is aligned with three of DHP's five Agency goals that include communications as a critical success factor.

  While elements of the plan are not listed in order of priority, a top recommendation is to refine our scope of work based on the findings of a proposed communications audit.

- The second attachment is a fact sheet on the benefits of a communications audit.

- Finally, *Strategic Communications Audits,* a white paper by the Communications Consortium Media Center (CCMC) www.ccmc.org is also attached. The CCMC is one of the top communications firms dedicated to the support of nonprofits and governmental agencies.

Additionally, as an example of one of DHP's most visible projects in the last 30 days, two newspaper clippings on the launch of the DHP Healthcare Workforce Data Center are attached. They are representative of visibility that can generate good will regarding the work of DHP among stakeholders.

I look forward to meeting with you next week.

Draft Strategic Communications Plan to support 2010 – 2012 Department of Health Professions Goals

Goal 1

Authorize individuals and entities who meet standards of competence to deliver health care services to the citizens of the Commonwealth.

Goal Summary and Alignment

Virginians require an adequate supply of providers to meet the ongoing and increasing demand for health care services. However, providers must meet the minimum standards of competency to assure that services are safe and effective.

Goal Alignment to Statewide Goals

- Inspire and support Virginians toward healthy lives and strong and resilient families.
- Protect the public's safety and security, ensuring a fair and effective system of justice and providing a prepared response to emergencies and disasters of all kinds.

Stakeholders	Objective	Strategy	Tactics	Timeline/Staffing
Members of 13 Health Regulatory Boards and the Board of Health Professions including 160 + gubernatorial appointees	*Board Development*	Facilitate the timely instruction of new Board members regarding their roles and responsibilities Encourage Board use of DHP materials available online.	Expand the use of technology through the addition of a Board orientation link on the DHP website. Provide technical assistance tools for Board members. Update "2008 Core Competencies for Boards" for web placement. Use contents as a recruitment tool for potential new Board members.	Spring 2010, Executive Directors of all Boards/Communications
Six statutory advisory boards and one joint committee	*Advisory Committee Development*		Research use of Department of Human Resource Management's Knowledge Center, Virginia's online educational tool as a potential avenue for Board use.	
Prescription Monitoring Program (PMP) Advisory Committee				
Healthcare Workforce Data Center (DHP HWDC) Advisory Committee			Send electronic postcards to inform Board members when newsletters other new items are posted.	
Nursing Education Institutions and Decision-Makers	*Online licensing of new nurses*	Provide tools to support Nursing Education outreach to students	Develop, write and disseminate an electronic tool kit for decision makers at Nursing Education Institutions.	Under development, BON/Communications
All Boards and licensees	*Advance implementation of online licensing and renewal starting with the largest Boards*	Inform stakeholders of benefits associated with licensure through technology. Explain phases of development from online applications to electronic receipt of all documents.	Develop materials to advance and reinforce messages to licensees regarding online licensing and renewal. Build on templates prepared for Nursing, one of the first large Boards to implement this process. Phase in outreach and related implementation to other Boards ASAP.	(TBD), Executive Directors of all Boards/Communications

Draft Strategic Communications Plan to support 2010 – 2012 Department of Health Professions Goals

Goal 3

Provide information to consumers of healthcare services, applicants and licensees regarding requirements, standards, and availability of qualified practitioners resulting in access to safe delivery of health care services.

Goal Summary and Alignment

The types of providers, funding and delivery systems of health care services are growing in size, availability and complexity. In order to promote access to safety in such a dynamic environment, the need for information and communication is necessary for patients and their surrogates as well as providers. DHP is in a unique position to collect and disseminate information about the health services, standards, quality and availability. Such effort will allow for more informed choice by consumers in making decisions about health care services.

Goal Alignment to Statewide Goals

- Engage and inform citizens to ensure we serve their interests.
- Inspire and support Virginians toward healthy lives and strong and resilient families.
- Protect the public's safety and security, ensuring a fair and effective system of justice and providing a prepared response to emergencies and disasters of all kinds.

Stakeholders	Objective	Strategy	Tactics	Timeline/Staffing
All audiences served by the DHP mission "To enhance the delivery of safe and competent health care by licensing qualified health care professionals, enforcing standards of practice, and providing information to both practitioners and consumers of health care services." This includes executive staff and those who speak on behalf of DHP.	*Improve internal and external communications*	Learn more about communications needs of primary stakeholders	Conduct an agency wide communications audit.	(TBD)/Communications. And DHP Director
			Survey Executive Directors, Board members, constituents who visit the website and others through Survey Monkey or another vehicle.	
			Report on the findings.	
			Conduct audience analysis.	
			Evolve this communications plan based on the audit and input from audiences DHP seeks to reach.	
			NOTE: Consider pro bono or low cost collaboration with VCU's graduate studies strategic communications program or research division. Or, a small contract with a local communications firm. Conduct select communications research in-house by staff.	
Staff Constituents including lay persons not engaged in the healthcare workforce Virginia's Healthcare workforce	*DHP Message Development*	Refine top DHP messages regarding licensure and disciplinary procedures	Create message maps/talking points for internal stakeholders on top issues to ensure continuity.	
			Develop electronic and print materials for lay readers and healthcare workforce professionals.	

Draft Strategic Communications Plan to support 2010 – 2012 Department of Health Professions Goals

Goal 3 Continued

Stakeholders	Objective	Strategy	Tactics	Timeline/Staffing
Nursing Education and Medical Schools Licensees Legislators Constituents Healthcare Workers HCW Organizations Consumer Press Healthcare Trade Press	*Advance DHP Healthcare Workforce Data Center (HWDC) findings and messages with emphasis on healthcare workforce supply and demand issues.*	Develop written public education and outreach plan Use technology as the major means of outreach and dissemination	Advance findings to professional healthcare worker stakeholder groups. Encourage dissemination to their members through their existing house news publications. Request that healthcare worker groups link to DHP HWDC site. Provide message maps (etc.) to healthcare worker stakeholder groups. Develop and post online media kits on top findings. Conduct background briefings for press/others on major findings.	Ongoing/HWDC, Communications
Licensees/practitioners with drug challenges Hospital systems	*HPMP outreach to stakeholders to increase use*	Improve web content following transfer from VCU	Audit existing content.	Ongoing/HPMP, Communications.
Prescribers/Pharmacists Pharmacy Chains Hospital Systems Medical students and schools	*Raise awareness of PMP*	Expand the reach of PMP messages Attend stakeholder meetings, conferences	Use a combination of earned media and media buys for placement of feature news stories and ads in select print and online health professional and consumer publications. Present at select meetings and conferences, distribute PMP info folder. Develop traveling display for use at conferences and create calendar for statewide use. Promote award winning online CE course *Chronic Nonmalignant Pain Management*	Spring 2010/PMP, Communications
Licensees Press Constituents Legislators	*Solidify DHP Brand Identity*	Seek uniformity in DHP materials and use of DHP Logo	Consider updating DHP Logo to improve design options Create a DHP style guide regarding options for logo use and other packaging issues Update DHP letterhead	Summer 2010/Communications., Executive Directors

Draft Strategic Communications Plan to support 2010 – 2012 Department of Health Professions Goals

Goal 3 Continued

Stakeholders	Objective	Strategy	Tactics	Timeline/Staffing
(Primary Stakeholders) Licensees Legislators Constituents Students/Academia Healthcare workers Trade press Consumer press (Secondary Stakeholders) Board members Hospital systems	*External* *Expand DHP Media relations*	Identify and cultivate press who regularly cover DHP issues	Create link on website to post releases and news clips as appropriate.	Fall 2010 - ongoing/Communications, IT, Executive Directors
	DHP Website	Use new tools	Improve and update media lists.	
			Create link on website for all DHP Board Newsletters.	
			Develop an online DHP photo library for use by all Boards.	
			Develop evergreen one page descriptions of top DHP projects for use in media kits and outreach packets to educate others on the work of DHP.	
			Stream audio and video of DHP content experts on the site using U-Tube.	
			Develop a link on the DHP website that defines acronyms commonly used by the agency.	
			Conduct telephonic and on site background briefings for press in advance of the release of data.	
			Develop and distribute a media guide for press to better understand expertise among DHP Executive Directors	
	Internal *Strengthen communication skills among DHP spokespersons for outreach to extended networks*	Support senior staff in their communications development	Initiate spokesperson training for Executive Directors and secure media placements.	
			Seek opportunities for Eds to speak at top health professions meetings.	

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Draft Strategic Communications Plan to support 2010 – 2012 Department of Health Professions Goals

Goal 3 Continued

Stakeholders	Objective	Strategy	Tactics	Timeline/Staffing
(see above)	*Support consistent distribution of DHP Board Newsletters*	Create 12-month editorial calendars for each newsletter and share articles as appropriate	Promote Board of Pharmacy concept of use of newsletters as a place for licensees to earn CEs.	(TBD)/ BOP, Communications
			Develop an online template for all DHP electronic newsletters that can be customized for each Board while maintaining the Agency's brand identity.	(TBD) All Boards, Communications
(see above)	*Develop public-private partnerships to advance the DHP mission*	Identify like-minded third parties and seek opportunities for collaboration through meetings, events, etc.	Improve relations with Medical Schools and Nursing Education Schools	Ongoing/ DHP Director, Executive Directors, Communications
			Create appropriate linkages with other state agencies.	
			Identify like-minded advocacy groups such as the *Prevention Council of Roanoke Valley* (tied to PMP)	

Draft Strategic Communications Plan to support 2010 – 2012 Department of Health Professions Goals

Goal 5

We will strengthen the culture of preparedness across sate agencies, their employees, and customers.

Goal Summary and Alignment

This goal ensures compliance with federal and state regulations, polices and procedures for Commonwealth preparedness, as well as guidelines promulgated by the Assistant to the Governor for Commonwealth Preparedness, in collaboration with the Governor's Cabinet, the Commonwealth Preparedness Working Group, the Department of Planning and Budget and the Council on Virginia's Future. The goal supports achievement of the Commonwealth's statewide goal of protecting the public's safety and security, ensuring a fair and effective system of justice and providing a prepared response to emergencies and disasters of all kinds

Goal Alignment to Statewide Goals

• Protect the public's safety and security, ensuring a fair and effective system of justice and providing a prepared response to emergencies and disasters of all kinds.

Stakeholders	Objective	Strategy	Tactic	Timeline/Staffing
Licensees Executive Directors Board Members Constituents	*Improved Sanctions Referencing (SR)performance and data collection*	Increase support for Executive Directors	Board appearances	Ongoing/DHP Board, Communications
			Team will provide quarterly chart on advances made for each Board packet	
			Provide Executive Directors with timelines for implementation	
			Research use of DHRM's Knowledge Center to train new staff and refresh existing staff on SR protocol	
(See above)	*Support Health Secretariat, as appropriate*	(See alignment of statewide goals)	(TBD)	Ongoing/DHP Director, All Staff, Communications
(See above)	*Improve DHP outreach to other state agencies as appropriate*	Build rapport with communications leadership at state agencies	Advance HWDC findings to appropriate state agencies	Ongoing/DHP Director, Communications
			Seek opportunities to share DHP messages with other state agencies and their stakeholders	
All DHP Staff Licensees Constituents State Agencies/Government Health Secretariat	*Continuity of Operations before, during and after an unforeseen event*	Coordinate emergency communications to internal and external stakeholders under the direction of DHP leadership or state officials as assigned.	Prepare messages to keep stakeholders informed and reduce anxiety.	Office of the Director, Communications
			Disseminate information to stakeholders using new media (technology) and traditional options as appropriate.	
			Serve as Agency spokesperson.	

From: Amy Jeter [Amy.Jeter@pilotonline.com]
Sent: Monday, January 11, 2010 5:20 PM
To: Powers, Diane
Subject: Follow up
HI Diane,

I just wanted to say "thank you" again for all the time that you, Sandra and Elizabeth spent with me on Friday. I was so impressed at the time you dedicated to making sure I had the right answers. I look forward to working with you all in the future!

Sincerely,

Amy Jeter
The Virginian-Pilot
Office: 757-446-2730
Cell: 757-404-6627

PS I've pasted my story from Saturday's paper below:

By Amy Jeter
The Virginian-Pilot
The economic downturn has temporarily eased the state's shortage of registered nurses, according to studies released Friday by the Virginia Department of Health Professions.
But state health officials cautioned that a severe problem looms.
"We have this juggernaut down the road," said Elizabeth A. Carter, the department's Healthcare Workforce Data Center director. "Right now we look like we're fine, but we're in the eye of the storm."
On Friday, the center, which was formed on the recommendation of Gov. Timothy M. Kaine's 2007 Health Reform Commission, posted its first wave of studies related to the nursing work force, education programs and projected supply and demand.
The recession prompted employers to slow hiring, and registered nurses increased hours, re-entered the work force and delayed retirement.
Those shifts, along with an increase in nursing graduates, temporarily filled the state's nursing needs, according to the center's studies.
The number of graduates from registered nurse education programs in Virginia rose from 2,328 in 2004 to 3,228 in 2008, because of added programs, said Sandra Whitley Ryals, director of the state health professions department.
Still, new projections show a deficit of around 7,100 full-time registered nurses by 2020. The aging population and an anticipated wave of nurse retirements are expected to increase that number to about 19,100 by 2028.
"It would be very misleading at best for anyone to think the nursing shortage is over," Ryals said. "And this is one that is not going to go away."
For more information, visit www.dhp.virginia.gov/hwdc.
Amy Jeter, (757) 446-2730,
amy.jeter@pilotonline.com

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Updated: 2:04 PM Jan 8, 2010

Findings on VA's Nursing Needs Released

Richmond, Va.

The first supply side data of 2010 for Nurses in the Commonwealth was released today online by the Virginia Department of Health Professions Healthcare Workforce Data Center.

Posted: 2:04 PM Jan 8, 2010

Story | 8 Comments

The first supply side data of 2010 for Nurses in the Commonwealth was released today online by the Virginia Department of Health Professions Healthcare Workforce Data Center. Also released were 2028 supply and demand forecasts for Nurses.

Font Size:

The findings come at a time when the U.S. Bureau of Labor Statistics projects more nursing jobs will be created in the next decade than in any other single profession. Similarly, the Virginia Employment Commission reports one in ten emerging jobs is in the health sector.

Gov. Tim Kaine says, "In the last few years Virginia has made smart, strategic investments to develop our health care workforce and we are seeing tremendous results. We have increased access to nursing training programs and made salaries more competitive, resulting in 900 additional nursing graduates in the last four years. These efforts will not only help to meet the health care needs of millions of Virginians, but give people the opportunity to secure a good job in a growing field."

As a result of the implementation of the DHP Healthcare Workforce Data Center and regular placement of the findings online, Sandra Whitley Ryals, DHP director says, "Virginia will be in a better position to address health care workforce trends and meet the needs of an aging population by understanding the characteristics and work behaviors of practitioners. The next DHP reports to be posted will highlight workforce supply findings regarding Physicians."

When asked, almost half of the responding 53,000 Registered Nurses renewing their licenses plan to leave the profession in the next ten years, according to a voluntary survey conducted between 2007 and 2008 by the Department of Health Professions Healthcare Workforce Data Center.

Of those polled the majority worked in a clinical role in a hospital, 6.3 percent worked in long term care facilities and 4.5 percent worked in home health settings.

Highlights of additional findings from survey respondents posted to the DHP Healthcare Workforce Data Center website include:
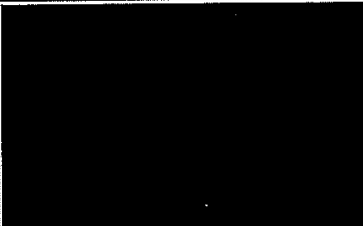
- The majority of Registered Nurses (82 percent) and Licensed Practical Nurses (81 percent) are actively engaged in the workforce.

- The current state of the economy is leading many nurses to remain in the workforce longer than anticipated. If they delay retirement by as few as two years, Virginia is more likely to meet 2013 – 2015 demand for licensed nurses.

Drawn from survey results, the first DHP HWDC reports posted include: The 2007&2008 Virginia Licensed Nursing Workforce Survey Findings and Recommendations and related Nursing Licensure Renewal Data Cube Tables; Report on 2008 Nursing Education Programs in Virginia; and, Forecasting Nurse Supply and Demand in Virginia 2008 – 2028.

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Related Links

VA Department of Health Professions - Fast Facts Regarding VA's Health Care Workforce

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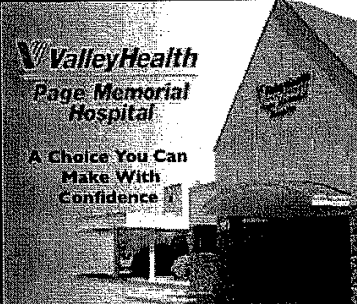
Noon Interview
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03:38

1 | 2 | 3 | 4 | 5   NEXT

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Healthy Living

Health Informatics careers boom in current economy
The need to reduce health care costs, increase access and improve the quality of health care services means that qualified people are needed to help health care organizations of all types and sizes leverage the power of computers and electronic data systems to improve the efficiency and effectiveness of clinical decision-making and treatment. More

You don't have to live with joint pain
There are healthful, natural, cost-effective alternatives to costly, possibly risky prescription arthritis medications. Shea, the same ingredient that makes lotions and skin cleansers work so

Fact Sheet on the Benefits of a Communications Audit

What is a Communication Audit? What Does It Deliver?

- It's a snapshot of an organization's communication strategies, activities and programs.
- It's an assessment of the effectiveness and credibility of current communication vehicles and media, including publications, web site, intranet, blogs, town meetings, face-to-face communication, and other communication media.
- It uses processes such as observations, analyses and evaluations, focus groups, interviews and surveys of employees and other key audiences whose support is needed to improve communication, understanding and collaboration in the organization.

What Does It Deliver?

A communication audit usually delivers some or all of the following:

- Review of existing communication policies, publications, and vehicles, indicating strengths and weaknesses of each.
- Summary of comments of focus groups and interviews.
- Report of the employee survey results.
- Recommendations for strengthening your communication strategies and programs.

The Department of Health Professions would use a communications audit to inform our thinking regarding the best public education outreach strategies, tactics and tools to advance DHP messages.

Strategic Communications Audits

Prepared for the Communications Consortium Media Center

Julia Coffman

October 2004

Nonprofit organizations are now continuously being challenged to be more strategic in their communications efforts. Communications activities must add up to more than a series of isolated events such as the dissemination of an occasional publication or press release. Being *strategic* requires that nonprofits be more deliberate, innovative, savvy, and less reactive in their communications practice. Nonprofits are encouraged to regard communications as essential to their overall success and integrate it throughout their organizations.[1]

As a result of this movement, an array of new tools, resources, and trainings have been developed to help organizations better understand the concept of strategic communications, develop their own communications strategies, and evaluate them for both accountability and learning purposes. But while nonprofits are learning how to develop strategies and are gaining a better understanding of their importance, questions remain about their actual follow through in practice and nonprofits' overall capacity to implement their strategies given their relative inexperience in this field and the many priorities, including communications, that often compete for scarce organizational resources.

Nonprofits need ways to better understand their current strategic communications performance and capacity, and to gain a *realistic* sense of what is possible in terms of developing their communications functions. Strategic communications audits are one tool that can help to meet this need.

Strategic Communications Audits Defined
A strategic communications audit is a systematic assessment, either formal or informal, of an organization's capacity for, or performance of, essential communications practices. It determines what is working well, what is not, and what might work better if adjustments are made.

Defined in this way, a strategic communications audit has both evaluative and formative value. It is evaluative in that it provides a "snapshot" of where an organization currently stands in terms of its communication capacity or performance. It is formative in that it also points to areas in which the organization can strengthen its performance. Communications audits are a relatively common practice, though they are more common among for-profits than nonprofits, and not familiar to most non-communications professionals. Audits are most often performed by external communications or evaluation experts, but can also be performed internally.

This brief is for nonprofit organizations that want to better understand strategic communications audits and the main steps involved. It can be used by nonprofits that either want to self-assess and perform their own audit, or hire an external expert to conduct it.

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[1] Bonk, K. Griggs, H, and Tynes, E. (1999). *Strategic communications for nonprofits;* Kopec, J. (2003). Tips & techniques: The communications audit. Public Relations Society of America.

The brief outlines five basic steps in a strategic communications audit. The audit can be applied to an organization overall, or to a specific project or campaign within the organization. While audits can be performed in numerous ways, this brief presents one possible approach.

STEP ONE: **Know Critical Strategic Communications Practices**

Knowing the specific practices associated with strategic communications is the first step to assessing an organization's performance and capacity with respect to those practices. These are practices that every nonprofit trying to implement strategic communications should be performing at some level, whether by a single individual or by many staff members throughout the organization.

The table on the next page identifies sixteen essential strategic communications practices. They are grouped into three categories: 1) strategy, 2) implementation, and 3) support and alignment.

Strategy – Includes the core tasks of communications planning and strategy development.

Implementation – Includes practices most common to an organization with an *active* communications function.

Support and Alignment – Includes non-communications-specific practices within the organization that help to ensure the communications function is successful.

The table also offers quality standards or criteria for each practice. They describe in brief what the practices should look like.[2] This list, just on its own, has substantial value in the audit process. It can be used as a checklist to help determine if an organization is actually performing each strategic communications practice. But more importantly, the audit process can reveal if quality criteria are being met, and if not where improvements can be made in *how* the practice is performed.

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[2] Quality criteria are adapted from Bonk, K. Griggs, H, and Tynes, E. (1999). *Strategic communications for nonprofits.* San Francisco, CA: Jossey-Bass; Spitfire Strategies (2003). *Smart Chart 2.0.* Washington D.C.: Author.
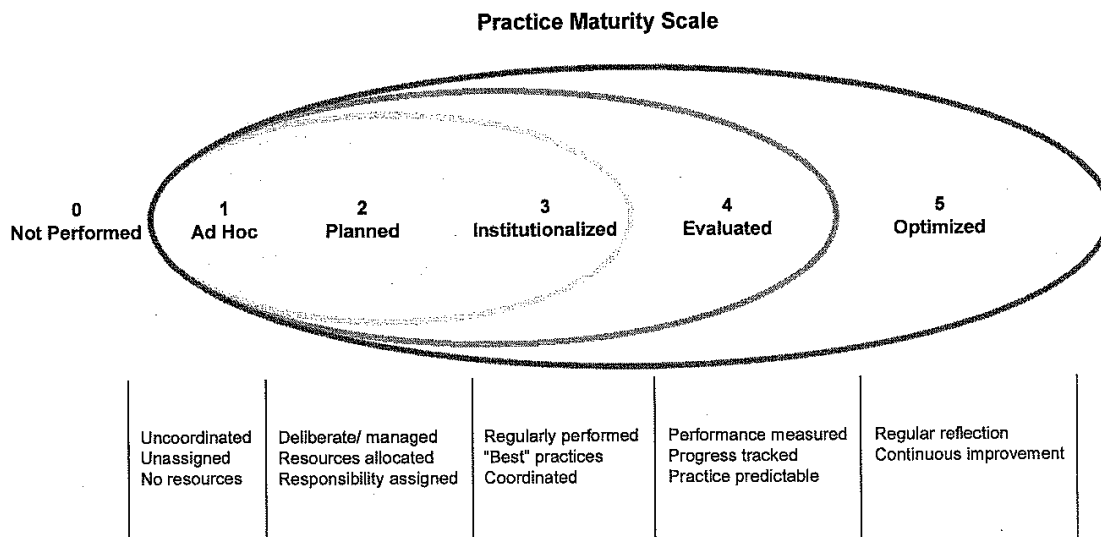
Essential Strategic Communications Practices

	Strategic Communications Practices	Quality Criteria/Standards
Strategy	a. Identify the vision	The communications vision is aligned with, but distinct from, the organization's overall mission.
	b. Choose goals and outcomes	Goals and outcomes are well defined, measurable, and help guide a defined plan of action.
	c. Select target audiences	Audiences are specific (not the general public) and include key decision makers or individuals with influence on the issue.
	d. Develop messages	Messages are specific, clear, persuasive, reflect audience values, and include a solution or course of action.
	e. Identify credible messengers	Messengers are seen as credible by the target audiences, and can be recruited and available to the cause.
	f. Choose communications mechanisms/outlets	Outlets (e.g. both in the air (media) and on the ground) are chosen for their access and availability to target audiences
	g. Scan the context and competition	Risks and contextual variables that can affect communications success are identified and factored into planning when possible.
Implementation	h. Develop effective materials	Materials are developed in attractive, accessible, and varied formats for maximum exposure and visibility.
	i. Build valuable partnerships	Linkages exist with internal and external stakeholders who can help align with and carry the message.
	j. Train messengers	Internal and external messengers are trained in key messages and are consistent in their delivery.
	k. Conduct steady outreach	Outreach and dissemination to audiences through multiple outlets is regular and sustained.
	l. Monitor and evaluate	Activities and outcomes are regularly monitored and evaluated for purposes of accountability and continuous improvement.
Support and Integration	m. Support communications at the leadership level	Management understands and supports communications as an integral part of organizational viability and success.
	n. Earmark sufficient resources	Fundraising regularly includes dedicated resources for communications practice.
	o. Integrate communications throughout the organization	Communications is seen as an integral part of every organizational project or strategy.
	p. Involve staff at all levels	Communications is not seen as an isolated function; most if not all staff members have some knowledge and/or participation in communications efforts.

STEP TWO: Identify Possible Levels of Practice

To assess an organization on the practices in the previous table, it is important to have a gauge that helps to measure and illustrate where the organization currently stands in terms of its performance. That gauge is offered here in the form of a "practice maturity scale."

The practice maturity scale offers a continuum of possible performance levels for any given practice. The figure below illustrates the scale's five levels. Higher levels in the scale represent higher levels of organizational commitment to, integration of, and performance on the practice. Each practice may be classified as 1) ad hoc, 2) planned, 3) institutionalized, 4) evaluated, and 5) optimized.[3]

Practice Maturity Scale

0	1	2	3	4	5
Not Performed	Ad Hoc	Planned	Institutionalized	Evaluated	Optimized

Uncoordinated Unassigned No resources	Deliberate/ managed Resources allocated Responsibility assigned	Regularly performed "Best" practices Coordinated	Performance measured Progress tracked Practice predictable	Regular reflection Continuous improvement

During an audit, an organization's current performance on each strategic communications practice can be assessed using this scale. But first i t is important to understand the distinctions between the five levels.

Level One: Ad Hoc
The communications practice is ad hoc and unorganized. Few if any staff and financial resources are dedicated to it. Success is based on the competence and efforts of one or two "heroic" individuals. Despite this chaotic environment, however, the communications practice may be implemented successfully. But because it is uncoordinated, efforts are often inefficient and go over budget and schedule. Quality may also be variable because different people perform the practice over time.

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[3] Scale is adapted from the Carnegie Mellon Software Engineering Institute's work on its Capable Maturity Model® Integration (CMMI). www.sei.cmu.edu/cmmi/cmmi.html.

Level Two: Planned

The practice is planned and deliberate as opposed to being performed on a reactive or "as needed" basis. Resources are allocated to the practice, responsibilities are assigned, and the process is managed. The practice does not occur regularly, however, and may still be performed by one or two individuals.

Level Three: Institutionalized

The practice is routine and part of the organization's "fabric." The organization has qualitatively determined the "best" way to approach the practice and has institutionalized it. Practices are known and coordinated within and outside the organization.

Level Four: Evaluated

The practice is evaluated and analyzed. Measures of performance and progress are collected and analyzed. Often a quantitative understanding of success is known and tracked, and the organization has a better ability to predict or estimate performance.

Level Five: Optimized

Because of its recognized importance to the organization, the practice is continuously reflected on and improvements incorporated.

Distinctions between levels one and two are based on the degree to which an organization is reactive and disorganized (level one) versus purposeful and proactive (level two). At level three, the practice is performed regularly, consistently across staff members, and has been performed enough that the organization has gained a certain level of proficiency at it. At level four, the organization has committed to tracking the practice for purposes of better understanding how to improve performance. The organization is monitoring the quality of the practice. Level five demonstrates an even higher level of organizational commitment to the practice, as the organization cares enough about it to learn from and improve performance over time.

STEP THREE: Assess Current Performance and Capacity

The main tasks for the third audit step are to collect data about communications practices, and to use that data to make assessments about organizational performance and capacity. It involves actually using the scale described above to gauge where the organization stands on all essential strategic communications practices. The figure on the next page illustrates in matrix form how this assessment might be structured. Note that this audit step could also involve looking at actual communications strategy content or materials and making assessments about their quality.

The matrix arrays the sixteen communication practices along the bottom row, and arrays the practice maturity scale vertically. Users fill in or check the box that best represents where on the scale the organization falls for each practice (an example of how this might look when filled out is provided later in this brief).

Strategic Communications Audit Matrix

The organization is assessed, either internally or by an outside expert, on each communications practice using the five-level scale.

Practice Maturity Scale	Strategy							Implementation					Support and Integration			
	a. Identify the vision	b. Choose goals and outcomes	c. Select target audiences	d. Develop messages	e. Identify credible messengers	f. Choose communications mechanisms/outlets	g. Scan the context and competition	h. Develop effective materials	i. Build valuable partnerships	j. Train messengers	k. Conduct steady outreach	l. Monitor and evaluation	m. Support communications at leadership level	n. Earmark sufficient resources	o. Integrate communications throughout organization	p. Involve staff at all levels
5. Optimized																
4. Evaluated																
3. Institutionalized																

Internal versus External Assessment

It is important at this point to determine if assessments about organizational practices will be made internally or by outside experts. The advantages to doing it internally are that direct costs are likely to be lower and the process may become an engaging organizational exercise that builds communications capacity in and of itself. The advantages to using outside experts are their objectivity, time and availability, the knowledge they bring from other organizations for comparison purposes, and the credibility that may accompany their credentials and expertise.

Potential Communications Audit Methods

Regardless of whether the audit is done internally or externally, a common set of methods can be used to gather data needed to make assessments about practices. Methods are described briefly below in the context of a communications audit and then followed by a table that compares them on time, cost, and information yield.[4] Note that while the use of one or more of these methods is recommended, it is also possible to conduct the strategic communications audit informally by, for example, asking each staff member to give his or her own independent and subjective assessments based on existing knowledge and experience, or convening staff to make collective assessments.

Interviews – Probably the most common audit method, interviews allow the person conducting the audit to better understand communications-related work processes. Interviews allow respondents to provide a rich qualitative sense of how practices are performed and how the organization treats communications. Interviews can also be conducted with the organization's external stakeholders or target audiences.

Surveys – Surveys or questionnaires are second most common audit method. They can be administered cheaply to all organizational staff within a short timeframe, and they allow for a standardization and comparison of responses.

Critical Incident Analysis – Staff are asked to describe, through an interview or questionnaire, specific effective and ineffective experiences with communications. The purpose is to collect examples of experiences that staff find memorable in order to "see" how communications practices are performed within situational contexts.

Network Analysis – Network analysis has gained much popularity in recent years as a method for examining information flow, or the channels and relationships through which information is exchanged. It asks individuals who they communicate and for what purpose. It reveals an organization's communication structure, which may be very different from its organizational structure. It also reveals where blockages are occurring and possible routes that are currently untapped.

Participant Observation – The individual conducting the audit participates in organizational activities involving communications in order to see how and when practices are performed.

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[4] Methods discussion is informed by Downs, C.W., & Adrian, A.D. (2004). *Assessing organizational communication.* New York: Guilford Press.

Case Example: Using the Strategic Communications Audit

Hypothetical Organizational Assessment

	Vision	Goals	Audiences	Messages	Messengers	Mechanisms	Context	Materials	Partnerships	Messengers	Outreach	Evaluation	Support	Resources	Integrate	Involve staff
5. Optimized																
4. Evaluated				▓												
3. Institutionalized				▓							▓		▓			
			▓	▓	▓			▓	▓		▓		▓	▓		
1. Ad Hoc	▓	▓	▓	▓	▓	▓		▓	▓	▓	▓	▓	▓	▓	▓	▓
	▓	▓	▓	▓	▓	▓	▓	▓	▓	▓	▓	▓	▓	▓	▓	▓

Strategy	Implementation	Support and Integration

Current Performance and Capacity: With respect to strategy, this hypothetical organization does communications planning, but usually only when a grant is due and the funder requests a specific description of the communications strategy. Even then it is usually done by whoever is writing the proposal and only revisited when a progress report is due to the funder. The organization is reasonably clear about its audiences, as they do not change over time. When it comes to formal communication efforts, such as a campaign, the organization puts resources into testing messages and messengers with polling or focus groups. When efforts are less formal and more routine, however, usually one or two people decide on messages, messengers, and communication mechanisms. No systematic scanning is done of the environmental context and potential risks.

Regarding implementation, the organization is purposeful in its communications practices, but they still tend to be concentrated in the efforts of one or two individuals rather than integrated as an important function throughout the organization. Outreach is slightly more routine, with established and written policies regarding outreach to, and collaboration with, target audiences.

In terms of support and integration, the Executive Director recognizes and supports the communications function and has even received some training on it. However, communications rarely makes it into the budget as a separate line item, and when it does, it is the first area to be cut when the budget needs to be reduced. Communications dollars tend to appear when surplus funds are left over from a grant and need to be spent down quickly. In addition, the communications function is concentrated in one staff member who also handles all editing, publication design, and audience database management, rather than emphasized as a competency that most staff members should share.

Areas for Improvement: The audit assessment points to numerous areas for potential improvement. However, given its size, resources, and the fact that it is functioning reasonably well under the current model, the hypothetical organization chooses three main areas for development and improvement. The top priority, because it affects all others, is making sure that communications resources are a distinct budget line item in every grant proposal. The organization will also develop a communications strategy for the overall organization rather than only for specific projects. In doing that, more attention will be paid to goals and outcomes, and assessing competition and risks. For now the communications function will still largely be concentrated in one person, which leaves the organization at risk if that person leaves. Moving forward, however, that person will try to build communications capacity among other project managers by acting as *support* on communications rather than by performing the function independently.

STEP FIVE: **Refine Practice and Repeat the Process as Needed**

The strategic communications audit should result in more than just an identification of areas or practices that need to be improved. To maximize the chances that audit findings will be used and actual practice improved as a result, the audit should:

> Demonstrate through data how communications problems are causing problems *in the present* (as opposed to speculating about their future impact). At the same time, the audit should reinforce practices that are current organizational strengths.

> Generate specific recommendations for *how* actual communication practice can be enhanced. Data need to be linked to concrete actions.

> Make transparent the organizational benefits of adopting those actions; in addition to the weaknesses they are designed to address.

> Prioritize recommendations so organizations are not immobilized by the prospect of implementing them.[5]

In terms of frequency, formal communications audits should be conducted about every five years. Informal audits on which organizations internally revisit their strategic communications capacity and performance levels may be done more frequently. Audits should also be considered after an organization experiences a critical incident that might affect communications, such as when the organization changes mission, changes leadership, or experiences a crisis.

Conclusion
As described here, strategic communications audits are, at their core, an evaluation tool. Unlike most evaluation tools or practices, however, they do not focus on the results or outcomes of an organization's communications practices after they are implemented or among their target audiences. Rather, they focus on the organization itself, its practice and capacity, and how the organization has positioned the communications function. Nonprofit organizations, however, often overlook this type of assessment as a possibility when asked to evaluate their communications strategies or activities. Experiencing the strategic communications audit process, using the approach described here or another designed toward a similar end, can be a critical part of an organization's progression toward more strategic, and ultimately more effective, communications.

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[5] Hargie, O., & Tourish, D. (2000). *Handbook of communication audits for organizations.* London: Routledge.