

The Public Health Communication Competency Framework

April 29th Draft

About Us

The [Health by Design Lab](#) is a research group at the University of Guelph using design thinking and systems-level approaches to understand, investigate, evaluate, and solve complex public health challenges. We design and assess information and places – and the systems that shape them – to promote health and prevent disease at the population level.

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Land Acknowledgement

The University of Guelph resides within the Dish with One Spoon wampum and is within the treaty and territory of Mississaugas of the Credit. We recognize the unique, long-standing, and ongoing relationships the Anishinaabeg and Haudenosaunee have with the land and each other. We acknowledge that public health work takes place on the traditional territories, treaty or unceded lands and/or homelands of First Nations, Inuit and Métis peoples across Canada and that colonization has historical and ongoing negative impacts on the health of Indigenous peoples.

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Preamble

What is public health communication?

Public health communication encompasses the diverse communication required of our public health workforce to achieve the essential public health functions. It ranges from routine internal communication within or between organizations, to the challenging external communication with the public to achieve health goals and external communication to decision makers to advocate for public health and health equity. Health communication in particular is a multidisciplinary field “that applies communication evidence, strategy, theory, and creativity to promote behaviours, policies, and practices that advance the health and well-being of people and populations”¹. Effective public health communication is rooted in trust, relationships, timely and transparent communication, health equity, and a population health lens.

Why do we need Public Health Communication Competencies?

Countries around the world have adopted competency-based approaches to education and workforce development in public health and other health-related fields. These provide structure for university curricula, professional development, and human resource management to build a workforce proficient in the skills, knowledge, behaviours, values, and attitudes necessary for effective public health practice.

The Public Health Agency of Canada (PHAC) Core Competencies² describe the essential competencies for all public health professionals. The Public Health Communication Competency Framework complements the core competencies to provide greater depth and mastery for the competencies necessary in communication-focused roles. It serves as a planning and assessment tool to support the transformation of public health systems and is intended for use by public health educators, leaders, and organizations to guide competency-based curriculum, professional development, recruitment, and workforce planning. This framework may also be used alongside discipline-specific competency frameworks such as the Pan-Canadian Health Promoter Competencies³ or the Canadian Institute of Public Health Inspectors’ discipline-specific competency framework⁴.

This framework sets clear expectations for public health communication and clarifies the challenging communication demands of the public health workforce operating in the modern information environment. Informed by consultation and consensus-building among content experts, public health leaders, and public health workforce members, this framework provides a roadmap for improved communication to achieve public health goals.

Who are these competencies for?

The Public Health Communication Competency Framework is designed for use by communication-focused public health professionals across Canada and internationally. We broadly define communication-focused roles as those that depend on effective communication to perform most daily duties and/or require advanced communication skills. Communication-focused roles include but are not limited to community-facing roles such as health promoters, health literacy specialists, public health inspectors, and Medical Officers of Health, as well as clinical roles such as public health nurses, dentists, nutritionists, dieticians, and physicians, and leadership roles such as managers, supervisors, leaders, and program coordinators. Individuals with a communication focus in their role may, for example, spend time crafting communication

products, posts, reports, briefs, and policies, coordinating, collaborating, or partnering with others, and/or engaging directly with the public, all of which require enhanced communication competence.

Framework at a Glance

The Public Health Communication Competency Framework sets out 18 competency statements grouped into four categories:

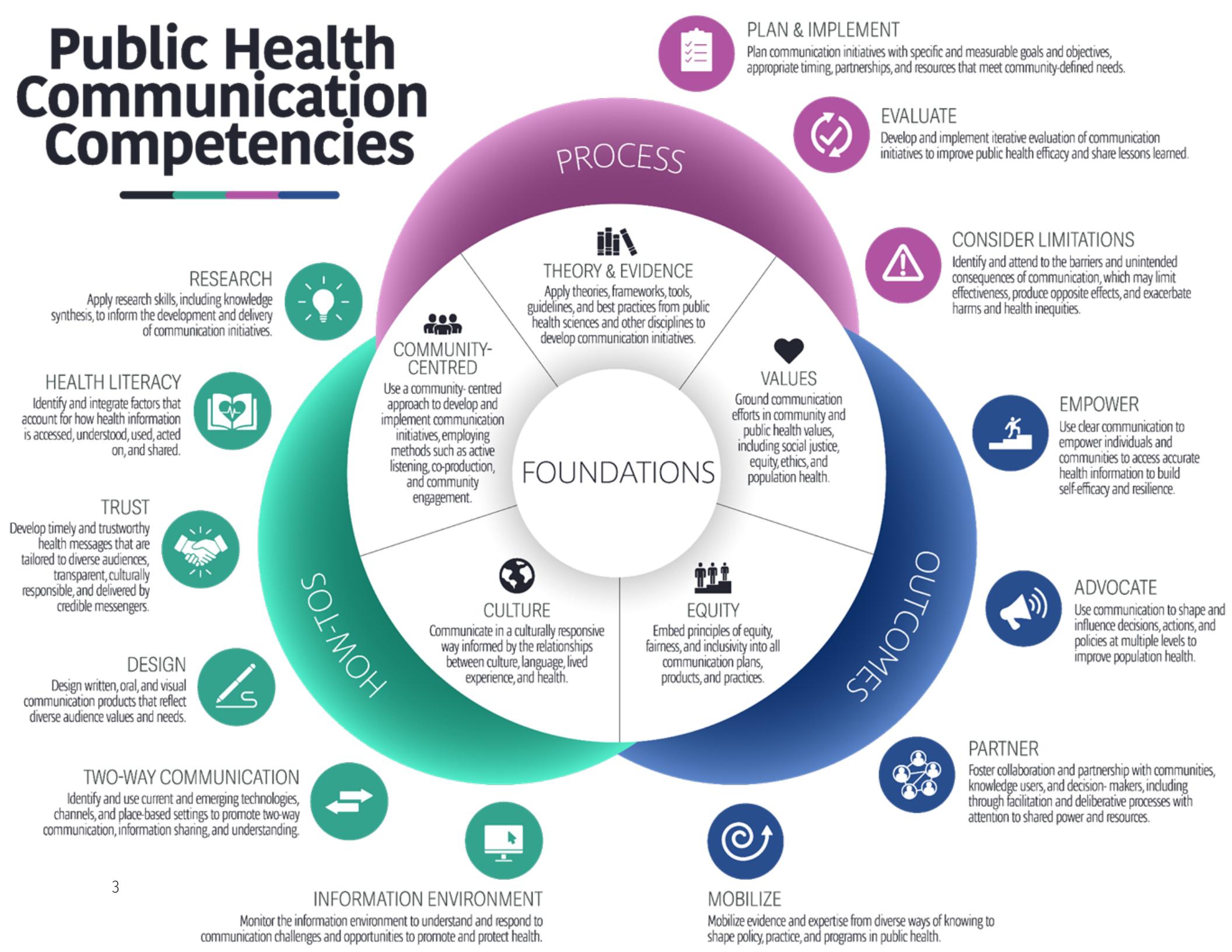
1. **Foundations** include five competency statements which underpin the entire competency framework and root communication in fundamental public health principles, values, and critical perspectives.
2. **How-Tos** include six statements which highlight the critical skills and abilities that public health professionals will be required to demonstrate when communicating.
3. **Process** includes three high-level methods and processes that support strong and adaptive communication in the public health field.
4. **Outcomes** include four statements that illustrate the ultimate goals of effective public health communication, which professionals should be able to accomplish in supporting the essential public health functions.

The competency statements build on each other with each statement having a distinct central concept reflected by its keyword. Statements have not been numbered as they are not hierarchical – each statement is equally important and interconnected to all other statements. This framework should not be interpreted as a checklist for every communication task, but rather as guide to the values, attitudes, knowledge, skills, and behaviours that are applied as needed according to goals, facilitators, and barriers specific to the communication context.

Each statement is accompanied by additional details to help interpret and integrate the competencies into workforce development and planning, including the following:

- **Importance:** explanation of the significance of the competency statement and how it fits into public health practice.
- **Additional details:** definitions and explanations of key concepts within each statement.
- **Practice-based example:** bridges theory and practice by providing an example of the competency in use within public health practice.

Public Health Communication Competencies



The Public Health Communication Competency Framework

Foundations

Underpinning the entire competency framework, the foundational competencies root communication in fundamental public health principles, values, and perspectives.

THEORY & EVIDENCE



THEORY & EVIDENCE: *Apply theories, frameworks, tools, guidelines, and best practices from public health sciences and other disciplines to develop communication initiatives.*

Why is this important?

Communication initiatives informed by theory, evidence, and other existing resources increase reach and impact. Evidence-based practice aids in achieving goals, objectives, and desired equitable health outcomes.

Additional details:

Transferable knowledge may originate from disciplines such as communication, psychology, sociology, marketing, and social marketing.

Practice-based example:

Use the Health Belief Model to create a health promotion campaign to increase early childhood vaccination rates.

VALUES



VALUES: *Ground communication efforts in community and public health values, including social justice, equity, ethics, and population health.*

Why is this important?

Public health communication should reflect the organization's values and the community it serves. Shared values create a foundation for effective communication.

Additional details:

Values may include social, environmental, and health justice, empowerment, self-determination, public health ethics, and the determinants of health.

Practice-based example:

Employ tools such as visual aids, clear language, and translation to address health literacy within specific communities to increase autonomy over health-related decisions.

EQUITY



EQUITY: *Embed principles of equity, fairness, and inclusivity into all communication plans, products, and practices.*

Why is this important?

Equity is a primary focus of public health practice to address imbalances of power, resources, and money and promote social justice. Striving for equitable, inclusive, and fair communication is a fundamental goal of public health communicators.

Additional details:

Commitment to equity will require adopting attitudes such as fairness, justice, empathy, respect, solidarity, compassion, and reciprocity while ensuring that communication is inclusive and accessible. Professionals should consider their positionality and adopt reflexive practices.

Practice-based example:

Partner with local organizations to develop a campaign that uses empathy, compassion, and inclusive language to raise awareness of the resources available within the community on gender-based violence.

CULTURE



CULTURE: Communicate in a culturally responsive way informed by the relationships between culture, language, lived experience, and health.

Why is this important?

Diverse cultures within and between communities result in unique experiences, values, strengths, challenges, and health behaviours. Being responsive to the culture(s) of the community served allows for communication to be inclusive, safe, and tailored to the population of interest.

Additional details:

Cultural responsiveness promotes understanding and enables appropriate inclusion of and response to cultural differences.

Practice-based example:

Develop a workshop for team members on allyship or opposing oppression to build capacity for cultural responsiveness.

COMMUNITY-CENTRED



COMMUNITY-CENTRED: Use a community-centred approach to develop and implement communication initiatives, employing methods such as active listening, co-production, and community engagement.

Why is this important?

Communities, their lived experiences, and their health priorities are unique. Community-centred approaches allow for the incorporation of community knowledge, experience, and opinion to strengthen communication and public health action.

Additional details:

Community-centred approaches are done in collaboration with community and include co-production, co-design, community engagement, two-way communication, and other participatory methods.

Practice-based example:

Conduct focus groups with youth to co-design a social media campaign on vaping to reduce the prevalence.

How-Tos

Highlighting the critical and challenging skills and abilities that public health professionals will be required to demonstrate when communicating.

RESEARCH



***RESEARCH:** Apply research skills, including knowledge synthesis, to inform the development and delivery of communication initiatives.*

Why is this important?

Whether in public health academia or practice, research is necessary to understand public health problems and develop evidence-informed solutions, including communication initiatives. Research may also be conducted to better understand public health communication best practices and theories.

Additional details:

Research skills include qualitative (e.g., interviews, focus groups) and quantitative (e.g., statistical analyses, surveys, population health assessments) approaches. Knowledge synthesis, a form of research, may involve rapid reviews and knowledge translation activities to gather and utilize existing evidence.

Practice-based example:

Administer a community survey to understand community use of parks and recreation areas and the impact of shade on heat mitigation and use.

HEALTH LITERACY



***HEALTH LITERACY:** Identify and integrate factors that account for how health information is accessed, understood, used, acted on, and shared.*

Why is this important?

In a diverse country with numerous official and unofficial languages, preferred communication modes, and diverse population characteristics, a clear understanding of diverse communities is needed to ensure accessible communication.

Additional details:

Factors which impact uptake of health information include health literacy, accessibility, and culture. Methods to identify community factors include audience segmentation and situational assessments.

Practice-based example:

Conduct surveys within area public schools to understand the public health priorities and respective priority populations and the supports required by the schools to implement related policies and curricula.

TRUST



***TRUST:** Develop timely and trustworthy health messages that are tailored to diverse audiences, transparent, culturally responsible, and delivered by credible messengers.*

Why is this important?

Building and maintaining trust in public health authorities and communication is critical to promoting population health.

Additional details:

Transparent communication provides balanced information about what is known and unknown, and how decisions are made. Trust reflects the history of the relationship between public health and the community/individual, and the behaviour and accountability of public health.

Practice-based example:

Partner with a local faith leader to develop tailored information, including visuals and language appropriate for the audience, on upcoming respiratory season vaccines to disseminate through their social media and website.

DESIGN



DESIGN: Design written, oral, and visual communication products that reflect diverse audience values and needs.

Why is this important?

Multiple modes of communication to meet the needs of communities, provide different formats via different channels, repeat important information, and allow messaging to reach different population segments.

Additional details:

Examples of products include presentations, stories, visualizations, blog posts, social media posts, policy briefs, and news articles.

Practice-based example:

Develop a community dashboard with COVID-19 wastewater levels, vaccination rates, hospitalizations, and other related data to demonstrate severity and susceptibility within the community.

TWO-WAY COMMUNICATION



TWO-WAY COMMUNICATION: Identify and use current and emerging technologies, channels, and place-based settings to promote two-way communication, information sharing, and understanding.

Why is this important?

Building on trusting communication using various modes, two-way communication ensures that populations served have a voice in public health priorities and the actions of public health agencies. In addition to traditional communication settings, digital communication and technologies, such as artificial intelligence and social media, enable advanced reach, increased speed of delivery, and a greater ability to interact with the public.

Additional details:

Communication channels include websites, telephone, email, face-to-face, social media, chatbots, webinars, posters, and townhall meetings. Current and emerging technologies include social media and artificial intelligence. Place-based settings are physical locations like schools, parks, health centres, etc.

Practice-based example:

Conduct a live webinar or live social media event to discuss a recent measles outbreak and answer questions from community members.

INFORMATION ENVIRONMENT



INFORMATION ENVIRONMENT: Monitor the information environment to understand and respond to communication challenges and opportunities to promote and protect health.

Why is this important?

With the increasing volume and speed of information generation (the infodemic) and the number of messengers, public health professionals must increasingly be aware of the health information that the public may be engaging with and prepare public-facing health content with this information environment in mind.

Additional details:

Monitoring the information environment includes social listening and attending to news cycles and prominent health voices. Challenges include misinformation and disinformation.

Responding to opportunities includes prebunking and debunking, addressing mis/disinformation, and using two-way communication to ensure community needs are met.

Practice-based example:

Monitor and reply to comments on public health social media posts about a heat event with timely and accurate information.

Process

High-level methods and processes that support strong and adaptive communication in the public health field.

PLAN & IMPLEMENT



PLAN & IMPLEMENT: *Plan communication initiatives with specific and measurable goals and objectives, appropriate timing, partnerships, and resources that meet community-defined needs.*

Why is this important?

Communication plans improve effectiveness and allow for reflection, evaluation, and continual improvement, although urgency and timeliness will sometimes impact the extent to which communication can be planned.

Additional details:

SMART objectives are specific, measurable, achievable, relevant, time-oriented and allow progress to be measured and evaluated.

Practice-based example:

Use a government provided program planning template to develop goals and SMART objectives, identify community partners, and allocate resources for communication.

EVALUATE



EVALUATE: *Develop and implement iterative evaluation of communication initiatives to improve public health efficacy and share lessons learned.*

Why is this important?

The four main types of evaluation (formative, summative, process, and outcome/impact evaluation) can contribute to continuous quality improvement of public health communication and system learning from successes and failures.

Additional details:

Iterative evaluation involves assessing and reassessing progress against objectives, then feeding learnings into communication initiatives and sharing them with the wider public health community.

Practice-based example:

Develop a logic model for a communication campaign to raise awareness of sexually transmitted infections (STIs) among older adults.

CONSIDER LIMITATIONS



CONSIDER LIMITATIONS: *Identify and attend to the barriers and unintended consequences of communication, which may limit effectiveness, produce opposite effects, and exacerbate harms and health inequities.*

Why is this important?

Communication is a critical aspect of effective public health practice, but it requires adequate resources and overcoming barriers and is limited in what it can accomplish without a comprehensive program. Like most public health interventions, communication can also introduce new risks, such as stigmatization or exposure to problematic content where public health is engaging with the public (e.g., social media).

Additional details:

Barriers may include resources, approvals, and the limitations of communication. Unintended consequences include furthering inequities or exposing individuals to potential hateful speech or harassment.

Practice-based example:

Include the importance of “Fed is Best” when creating breastfeeding communication materials, recognizing that breastfeeding is not always possible, and that “Breast is Best” may exclude groups.

Outcomes

The goal of effective public health communicators is to support the essential public health functions.

EMPOWER



EMPOWER: Use clear communication to empower individuals and communities to access accurate health information to build self-efficacy and resilience.

Why is this important?

Increased self-efficacy among diverse communities in making health decisions that reduce the burden of injury and illness while improving health autonomy and resilience.

Additional details:

Empowerment includes promoting choice and control over health outcomes in collaboration with individuals and communities.

Practice-based example:

Create a campaign to address the stigma surrounding mental health and wellbeing, and provide tailored resources and support for individuals.

ADVOCATE



ADVOCATE: Use communication to shape and influence decisions, actions, and policies at multiple levels to improve population health.

Why is this important?

Public health professionals have privileged access to health data and assessments and knowledge of local health issues. It is their duty to promote health through policy decisions and advocacy within government.

Additional details:

Methods and tools for shaping and influencing decisions include community participation, agenda setting, activism, policy briefs, and intersectoral collaboration.

Practice-based example:

Use meetings, roundtables, and discussions to highlight the gaps in policies or programming related to cancer screening within their region and influence decision-making.

PARTNER



PARTNER: Foster collaboration and partnership with communities, knowledge users, and decision-makers, including through facilitation and deliberative processes with attention to shared power and resources.

Why is this important?

Public health is an intersectoral field involving healthcare, employment, housing, infrastructure, social services, faith and spirituality, and many other fields and sectors. Building and maintaining partnerships within other fields/sectors promotes “health in all policies”, systems thinking, and helps to achieve shared goals. This is especially true when relying on partners to help communicate public health messaging through networks and trusted messengers.

Additional details:

Relationships are key to effective communication. Attention to power, resources, money, and facilitation skills can help foster sustainable partnerships that are beneficial to all members.

Practice-based example:

Work with local organizations to share timely and accurate information about a foodborne outbreak using various communication channels, including teleconferences, social media, news releases, and traditional media.



MOBILIZE: Mobilize evidence and expertise from diverse ways of knowing to shape policy, practice, and programs in public health.

Why is this important?

Effective communication can mobilize public health knowledge into action, achieving the ultimate goal of improved population health and health equity.

Additional details:

Evidence and expertise come from health data and scientific evidence, lived experiences, Indigenous ways of knowing, diverse perspectives, and practical/professional experience.

Practice-based example:

Co-design diabetes education with Elders and community members using Indigenous ways of knowing and scientific evidence to create culturally appropriate and respectful products and services for Northern communities, which help to reduce the burden of disease.

How was the competency framework developed?

We engaged in a robust multi-step, multi-method research project, described below, to develop this novel framework of competency statements.⁵ This framework reflects the consensus of hundreds of public health professionals and experts on the contemporary communication requirements of the public health workforce. The detailed methods⁵⁻⁹ can be found in our published research on page 12 ([Health by Design Lab](#)).



Call to Action: Communication for Better Health

As public health professionals seek to address public health challenges such as infodemics, mis/disinformation, declining public trust, health inequities, climate-related health problems, and future challenges, we must continually improve our system capacity for effective communication. Our research has identified gaps in [Canadian Master of Public Health communication courses](#),¹⁰ opportunity to [align course curriculum with competency frameworks](#),¹¹ and similar gaps in [professional development opportunities](#) for public health communication.¹² Public health workforce members have also expressed a [high demand for new education and training opportunities](#) in public health communication.

Uptake and application of The Public Health Communication Competency Framework by public health programs, organizations, and educational institutions will help to ensure public health professionals can effectively meet the health information needs of the public. Public health educators and leaders should aim to map curriculum, training opportunities, and workforce structuring to these competencies to equip the workforce to effectively address misinformation, build and maintain trust, forge partnerships, advance health equity, and improve population health through effective communication.

Published Works / Supporting Research

The foundational research conducted by the research team to inform the development of the Public Health Communication Competency Framework is described in eight peer-reviewed manuscripts.

Consensus Building and Framework Development

McWhirter, J.E., MacKay, McAlpine, D., M., Grant, L. E., & Papadopoulos, A. (Under Review). The Public Health Communication Competency Framework: Results from a Multi-method and Consensus-building Process. *Canadian Journal of Public Health*.

MacKay, M., McAlpine, D., Grant, L. E., Papadopoulos, A., & McWhirter, J. E. (Under Review). 'Public Health without effective health communication is really nothing': Key informant interviews to develop modernized public health communication competencies. *Journal of Public Health Research*.

McAlpine, D., MacKay, M., Grant, L. E., Papadopoulos, A., & McWhirter, J. E. (2024). Modernizing public health communication competencies in Canada: A survey of the Canadian public health workforce. *Canadian Journal of Public Health*, 115(4), 664–679. <https://doi.org/10.17269/s41997-024-00890-w>

Scoping Reviews

MacKay, M., Ford, C., Grant, L. E., Papadopoulos, A., & McWhirter, J. E. (2024). Developing competencies in public health: A scoping review of the literature on developing competency frameworks and student and workforce development. *Frontiers in Public Health*, 12, 1332412. <https://doi.org/10.3389/fpubh.2024.1332412>

MacKay, M., Ford, C., Grant, L. E., Papadopoulos, A., & McWhirter, J. E. (2023). Developing public health competency statements and frameworks: A scoping review and thematic analysis of approaches. *BMC Public Health*, 23(1), 2240. <https://doi.org/10.1186/s12889-023-17182-6>

Environmental Scans and Content Analyses

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