

Implementing Strategic Communications Planning in a Large Federal Agency

Mark Weber,

**U.S. Department of Health and Human Services
200 Independence Ave., S.W. Washington, DC 20201**

Thomas E. Backer,

**California State University Northridge
18111 Nordhoff Street, Northridge, CA 91330-8256**

Kristann Orton,

U.S. Department of Health and Human Services

Gloria Barnes,

U.S. Department of Health and Human Services

Will Jenkins,

U.S. Department of Health and Human Services

Carol Crecy,

U.S. Department of Health and Human Services

IMPLEMENTING STRATEGIC COMMUNICATIONS PLANNING IN A LARGE FEDERAL AGENCY

Mark Weber, Thomas E. Backer, Kristann Orton, Gloria Barnes,
Will Jenkins, Carol Crecy

ABSTRACT

To meet changing priorities and take advantage of emerging technologies, the Office of the Assistant Secretary for Public Affairs (ASPA) in the U.S. Department of Health and Human Services has since 2012 been engaged in planning, implementing, evaluating and improving an innovation for handling the Department's print and digital communication products. Strategic Communication Planning (SCP) employs evidence-based principles of organizational change and communications science. When compared with the practices in place at HHS since 1986, it is highly innovative in at least three aspects: (1) it focuses attention on *outcomes* achieved with a communication product rather than how it is created; (2) it promotes *involvement* of a wider range of institutional partners in the planning process; and (3) it employs an *online technology platform* for coordinating the process. SCP was implemented in one of the largest Federal agencies through an innovative process involving broad partnership of Departmental units and their communications staffs, working together with a team at ASPA. Successful change requires intensive effort over time to involve those affected by the change in designing how it is implemented. HHS had several previous efforts to update this process, which didn't work well because they didn't follow such principles. Fifteen activities were required, with several evaluations carried out to determine the success of implementation and its impact. Three examples help clarify how implementation was undertaken in diverse settings. A number of lessons learned and applications for the future emerged from this implementation and dissemination effort for SCP that may be useful for developing similar activities with other innovations.

Key words: Communications planning, strategic planning, organizational change, communications science, implementation, innovative communications process

Introduction

How the world communicates has changed fundamentally since the U.S. Department of Health and Human Services (HHS) *Public Affairs Management Manual* and its HHS Publications Planning and Clearance process were created in the mid-1980s (ASPA/HHS, 1986). These changes, along with the Department's evolving needs, provided an opportunity for the HHS Office of the Assistant Secretary for Public Affairs (ASPA) to implement a significant innovation in communications process - one that can support better the Department's overall mission.

Since 2012, ASPA (with its many HHS communications partners) has been engaged in planning, implementing, evaluating and improving this new process for handling the Department's print and digital communication products, and for integrating it with the Department's activities as a whole. As an official for HHS' National Institutes of Health put it, implementing this innovation is "changing the way we think" as well as reshaping a number of long-standing activities.

The old process required advance clearance of print/web publications, audiovisual products, communication contracts, and campaigns, using a set of forms well-known within the Department (HHS forms 615, 524 and 524A). The innovation whose implementation is discussed here is called "Strategic Communication Planning" (SCP). It incorporates well-validated principles of strategic planning and communications science (see Weber and Backer, 2012).

The process used to implement SCP also is innovative, especially for a Federal agency. It is based in the same science that helped shape SCP. A fundamental principle from this science is that successful change requires an intensive effort over time to involve those who are affected by the change in designing how it is implemented. HHS undertook several previous efforts to update its clearance process. These didn't work well both because they only involved change around the margins (e.g., putting the clearance forms online but not changing their content), and because they didn't engage the HHS component agencies and their leadership. The implementation approaches used with SCP are based in part on earlier work at one of HHS's organizational units (Weber and Backer, 2012).

The process of change in Federal agencies too often involves only sending out a memo followed by a very short implementation period. For SCP's implementation there was an intensive effort to involve those affected by it in the design of the change, and this process took place over a two-year period. Moreover, SCP pushes down decision making to lower staff levels wherever possible, again increasing engagement. An unintended consequence of this strategy is a dramatic reduction in the number of products submitted for review.

Finally, communication technology recently has revolutionized how government can engage public audiences (service recipients, their parents and family members) and professional audiences (providers, policy makers, payers, educators, researchers, advocates, media). Now, traditional media (broadcast, print and news) and digital media (websites, social media, media monitoring and metrics, mapping, video/multimedia, mobile messaging, and emerging technologies) provide many options for content development, delivery, promotion, audience engagement and evaluation. These changes are part of the context for innovation discussed here.

The Challenges of Implementing SCP

Since the previous process was in place more than 25 years, implementing the new one meant dealing with some challenges, both technological and human. The technological challenges involved creating a web-based SCP platform HHS staff could employ for recording and using data about print and digital communication products, and the steps by which they are

created and disseminated. While this work was complex and took time and resources, the platform now is up and running successfully. Data have been gathered about both the implementation process for this platform and its initial impact on communication products and their use (see below). Additional data will be gathered through the platform about the impact of communication products as they are disseminated.

The human challenges were more complicated, and are the main focus here. They involved (1) helping HHS staff develop skills they may not have had previously for defining outcomes and developing metrics to measure them, (2) overcoming staff fears and resistances about implementing the SCP innovation, and (3) motivating staff to learn about and then use the new process. Fundamentally, this required moving to a new way of thinking about *why* HHS communication products need to be planned and reviewed, and what criteria could be used to judge the results from the new process.

Implementation started with obtaining input from communications staff and management within HHS' operating/staff divisions (more than a dozen units) about current deficiencies and ways forward, then promoting their involvement with and acceptance of the new SCP process – which they helped shape. The activities described below all were directed at meeting these challenges.

A New Way of Thinking

SCP as an innovation turns on a conceptual shift, as outlined above: HHS needs to focus much less on the format and content of its print and digital communication products (and communication campaigns involving them), and much more on what *outcomes* are expected from dissemination of these products. This outcome orientation was combined with an effort to push decision-making about products down to the front lines of the HHS bureaucracy, so that more decisions are made there, while still elevating some decisions about products (e.g., those that have controversial aspects or that affect very large populations) to the top - for direct review by ASPA or Departmental leadership. As an HHS Centers for Disease Control and Prevention official asserted, “getting the focus on bare necessities - alignment, outcomes and sharing/comparing” is what builds team accountability for delivering good HHS communications products.

The SCP process for each product or campaign requires that HHS staff (and relevant contractors) (1) define a *goal* (what do you want to accomplish with this product or campaign?), (2) set specific target *outcomes* reflecting that goal (presented against an estimate of the total population that might be affected by a particular product or campaign), (3) devise *metrics* for measuring progress towards those outcomes, (4) gather *evaluation data* relevant to those metrics (as part of an evaluation plan), and (5) *report* on results. These five steps comprise a very different way of thinking and acting than what was required under the old forms-driven system.

With outcomes identified and measured, HHS managers can then be held accountable for the decisions they make about what products to disseminate and how – and the web-based platform for managing the process can help. For HHS, this also is a very different way of doing business in the communications arena.

Another major change under the new SCP process is that it encourages looking much more thoroughly for *collaboration* opportunities with institutional partners in creating and disseminating communication products. For example, in one recent instance, an HHS operating/staff division was encouraged to look at partnering with two other agencies within the Department because both have direct access to the target population of interest for the product being developed – and the implementing agency does not have that access. Finally, all these activities are coordinated by an online platform designed for easy use.

The Theory of Change for SCP Implementation

Implementation of the new process was guided by diffusion of innovations theory (Rogers, 2003). This theory identifies human capital as a critical element of the successful adoption and sustaining of innovations – which occurs within a complex social system. Diffusion of innovations theory is supported by more than 100 years of dissemination science (Backer, 2003), and by work in social marketing (Kotler and Lee, 2008). Diffusion of innovations theory is not new, but it has not often been used to guide change in settings like HHS.

The activities described here to meet the challenges of implementing SCP focus on addressing the human elements of change. They are aimed at helping HHS staff with communications responsibilities acquire the knowledge and expertise they need to create products that can (1) achieve better outcomes at lower costs, (2) improve overall HHS performance over time and provide the basis for new products and services, and (3) keep HHS stakeholders involved in and collaborating on the enhancement of the SCP process over time.

Activities for Implementing SCP

The following activities were carried out by a team that included the HHS Deputy Assistant Secretary for Public Affairs as team leader; an HHS entrepreneur, who came to HHS from private industry full-time for a one-year fellowship; an outside consultant; other members of the ASPA staff; and an Advisory Group with leaders from the communications area of all participating operating/staff divisions within HHS. These activities all were unified under diffusion of innovations theory, directed at addressing the human side of changes required for successful implementation of the new approach.

The key activities these people conducted together from 2012-2014 were:

1/Initial planning and brainstorming by the ASPA team - to conceptualize this systems change effort and the strategies supporting it, and to examine what had worked and what hadn't in the previous system for Department publications planning and clearance.

2/Fall 2012 HHS staff telephone interview study conducted by the second author - to identify shortcomings in the then-current system, and potential opportunities for improvement; interviewees included communications top management within HHS' operating/staff divisions,

as well as those responsible for operating the then-current system (see Backer and Groves, 2013 for a detailed discussion).

3/Data-gathering about the Fall 2012 study's topics from a broader range of HHS staff - using a Department-sponsored Yammer account; a number of inputs were obtained over the several-month period during which staff could share their comments.

4/Creation and regular meetings of Advisory Group - each meeting results in action steps, summarized in a meeting report; progress on them is reviewed at the subsequent meeting. The Advisory Group now is smaller but still represents key HHS elements; it reviews data about SCP successes and challenges, and how improvements can be made.

5/Preparation of a plan to guide ASPA's work in implementing SCP - and to model the use of good planning approaches by HHS units; the plan is directed towards implementation of the following SCP elements, to be carried out for each HHS product in the system:

Build SCP

- *Create Strategic Alignment
- *Identify Target Audience
- *Set Goals and Metrics
- *Create Content and Distribution Plan
- *Submit for Review

Submit for ASPA Review

- *Outcomes
- *Target Audience
- *Metrics
- *Collaboration

Coordinate Publication

- *HHS/White House Awareness
- *Timing

Evaluate Outcomes

- *Mid-Course Corrections
- *Best Practices
- *Lessons Learned

The principal review criteria ASPA uses for its review process are:

- *Target audience clearly defined* – Has the audience for whom the content is targeted been narrowly defined?
- *Target audience aligned with dissemination plan* – Are the psychographics of the target audience – e.g., behaviors and influence factors – aligned with how they will receive the communication product?
- *Efficient and effective distribution plan* – Are the best distribution channels being used for this target audience?

- *Goals for target audience specified* – How many people and organizations are in the target audience?
- *Plan for measuring goals and outcomes* – How will measurements be collected for reach and awareness, utilization and understanding, and behavior change goals?
- *Key messages clearly defined and validated with testing* – Is the message well-articulated using language appropriate to the target audience?
- *Collaborators identified and consulted* – Have other stakeholders inside HHS been identified and has their alignment with the communications plans been confirmed?

6/Refinement of the ASPA plan through a Lean continuous improvement process borrowed from private industry - coordinated by the HHS Entrepreneur, who had experience with it in her corporate background.

7/Creation of a Web-based platform for entry of HHS knowledge product planning data - built by an outside contractor.

8/Provision of online resources to support the platform and its use – including a Science Overview, ASPA’s Strategic Communications Plan, and other materials designed to help users navigate the platform. These materials are housed on the platform for easy access.

9/ Pilot test of the platform and SCP in several HHS operating/staff divisions - leading to modifications both in the overall system and in its implementation in the given organization.

10/ Offering of training for communications staff in all HHS operating/staff divisions about the SCP process and platform - conducted onsite in late 2013 and early 2014, the training also included help in developing goals, outcomes, metrics and evaluation process, as well as training videos and other materials to routinize training.

11/Refinements in the platform and SCP as warranted by the pilot tests and initial implementation in HHS - the training is now built into the platform for routine use (necessary because of normal staff turnover).

12/Full roll-out of the new system in June 2014 - the old process including the 615, 524 and 524A forms was “retired” in September 2014, and products will need to be entered on the new system.

13/Gathering of evaluation data - both data harvested from the platform and a survey users can complete, as well as a qualitative telephone interview study conducted by the second author in Fall 2014 (this study focused on the experiences of system users at various levels, both about the platform and the overall SCP process; on lessons learned; and on strategies for potential enhancements); a summary of implementation evaluation results is presented below.

14/Further refinements in the system - based on those evaluation data and on input provided by the Advisory Group, which continues to meet regularly (most recently, December 2014) and offers guidance to the refinement of the system (longer-term evaluation also will include ASPA’s appraisal in 2016 about how well the new system aligns with overall Departmental performance goals and objectives)

15/ Insertion of language into all new HHS contracts – to require use of the SCP process and platform for all contractor-created products. This helps to engage contractors as well as HHS staff in the SCP process.

All of these activities have been aligned with the Digital Government Strategy and with other systems changes happening at HHS.

Examples

A number of offices and operating divisions within HHS already have had experiences with the new SCP process. Three examples are summarized here.

The **Administration for Community Living (ACL)** was one of the first agencies to implement SCP. The communications product on which ACL's pilot effort focused was a training video for staff at long-term care facilities. Not only did ACL engage their audience early in the design and development of the product, they built measures of impact that got to the heart of their desired engagement with their audience – staff understanding of the topic and subsequent behavior changes.

But to gather qualitative data, ACL had to go beyond measuring web page hits to surveying their audience, navigating through requirements of the Paperwork Reduction Act (PRA) to implement. This required a deep look at minimizing the personal information they collected – a focus on attitudes and behaviors instead of job titles and roles – to maximize their responses. The result is a set of questions that are unthreatening yet provide true measures of impact.

Indian Health Service (IHS) is a geographically and culturally diverse organization, bringing unique challenges to a change initiative. Simply mandating a new policy – always difficult as a change strategy – particularly doesn't work with IHS. Employee empowerment is required so that all can see the value of the new policy and adapt it to their local working environment.

The central communications office at IHS used SCP to create a guide that would help local offices understand how strategic planning allowed them to stretch and maximize the impact of their limited resources. Understanding their target audience was not the challenge for these teams – they are immersed daily in this environment. The SCP guide helped these teams turn their target audience knowledge into successful communications. And when the team filled in the blanks provided by the guide, they created a strategic communication plan that the central communications office could review and send to ASPA for clearance.

The **Food and Drug Administration (FDA)** viewed SCP as a way to consolidate disparate communications review policies across their centers into one streamlined process that ensured the central Public Affairs (PA) office was included in the review of all products. Barriers, such as ensuring that the SCP Platform was included in approved IT applications, were removed to make it as easy as possible for individuals to get involved.

The PA team created a rollout plan that presented the opportunity for consistent measurement of communications efforts to FDA centers' leadership and then offered training sessions and workshops to center teams. Each center team brought real examples of their work to the workshops so that discussions focused on how to apply strategic communications planning to their projects, and the team left the workshop with their first complete SCP entered into the platform. By comparison with the IHS example, FDA's approach was very top-down - which was effective in their more hierarchical environment.

Implementation Evaluation Results for SCP and the Platform

In fall 2014, several evaluation activities were conducted to learn about the implementation and early successes or challenges of the SCP process and platform. As mentioned, these included a survey through SurveyMonkey, completed by system users, data harvested from the platform directly, and data from a telephone interview study of 33 platform users about impact achieved so far and difficulties encountered during the implementation phase (including input about their resolution). A brief overview of interview study results follows; more detail is in Backer (2014).

1 - Overall Satisfaction The general level of satisfaction with the SCP process and Platform was substantial - people spoke of it as "user friendly," as a timesaver and as producing a useful "living document" that can be updated over time. General benefit was seen in the potential for changing the way HHS staff, including but not restricted to communications staff, conceptualize the whole communications planning process.

There also were some negatives expressed about the system, both in general satisfaction and in the specific SCP deficiencies noted later. "There must be an easier way to do it online," one interviewee observed about her agency's problems in using SCP. Others spoke about being asked to provide information that was "too deep for the audience in question" and that when there are no funds for evaluation, structuring an evaluation design not only is difficult - it is viewed as a waste of scarce energy.

2 - Observations about What Worked Interviewees generally liked the immediacy of the SCP Platform, and it is seen as a virtue to have all the information in one place, easily accessible to those who might need it. Having other documents on the system to use as examples is valuable, according to many of those interviewed - and the value will be increased as more products are entered. This "clearinghouse" function of SCP is seen as a positive by a fair number of interviewees - although some were less enthused about it because they are responsible in their agency only for one or a very few products per year, so comparisons are not of great value to them.

3 - Observations about What Didn't Work Observed shortcomings of the platform related to people's initial experiences with it - finding it confusing, and experiencing mechanical failures which seemed mostly to disappear once the "shakedown" period was over. Although most interviews were conducted before platform Version 2.0 was released, or at least before people had experience with it, there was some feeling that a fair number of the mechanical issues experienced would be alleviated with the new version.

In other cases, where there were problems initially with a particular product getting entered onto the system, ASPA staff were able to make certain kinds of exceptions so that the job could get done. Several interviewees called for greater clarity in distinguishing between what needs to be cleared by ASPA and what can be handled at the agency level. Others want more clarity about how ASPA is most likely to get involved in the review process.

4 - Successes and Challenges of Training Many, but not all of those interviewed had participated in the training sessions ASPA offered. In general there was a high level of satisfaction with the training. Several participants did mention that too much of the in-person training sessions were devoted to getting staff buy-in or "selling SCP," as opposed to giving people the practical skills they needed to use it.

More conceptual training is needed as well as about the mechanics of the SCP Platform. For instance, one interviewee said "a lot of people don't understand the concept of monitoring and evaluation and don't know how to do it." Also, more specific guidance is needed for people who aren't attuned to statistics, e.g., about how to gauge the size of an audience. Sometimes, said one interviewee, the performance people in his agency "give us metrics they can game."

5 - Data Security Few interviewees reported any concerns about data security. The typical response was that the data they post on the SCP Platform is not restricted - and in fact most if not all of the data are available in other forms on the entity's website anyway!

6 - Reporting Burden A number of the interviewees registered complaints about the amount of time assembling together an entry took, and that the estimates of time requirements they were told about in training were not that accurate (e.g., one said, "I was told it would take 30 minutes and it took 3 hours"). However, most of these comments were mitigated by statements like "it took less time once I got used to the system," or a recognition that while the process is time-consuming it also provides valuable information about the impact of a particular product, and encourages more strategic planning to achieve that impact, based on identified goals.

7 - Internal Uses of SCP Most interviewees did not see any particular use that could be made of the SCP process or Platform within their own agencies for purposes other than communications product planning and interaction with ASPA when needed. However, several noted that their agency was developing a parallel system of its own, which when completed would be aligned with SCP so that only one data entry would be needed. One reported that it will be another 9-10 months before the new internal system will be in place, which means there will be some operating problems in the meantime in aligning SCP with the old system.

8 - Recommended Improvements Interviewees were asked to cite specific examples of ways in which the SCP process and platform could be improved (some have been mentioned above). The input they provided was broken out into two categories - technical matters regarding the SCP Platform's operation, and more general enhancements of the SCP process.

Analysis of telephone interview study results led to the following "big picture" recommendations, for ASPA to consider in its future operation of the SCP process:

***Be transparent** - Make ASPA's own review process more transparent - this helps users figure out what is really important.

***Be realistic and flexible** - Indicate and implement understanding that not all products require ASPA review or can or even be the subject of SCP goal-setting, metrics and data-gathering, even if they fit the initial criteria ("newsworthy," "controversial," etc.). So some flexibility in implementing the SCP process is essential, both for good results and to inspire confidence.

***Be custom-oriented** - Look at prospects for customizing the SCP entry format for certain types of products, so that users can click on a sub-set and get custom-tailored items to fill out - this will make the process go a lot faster, and has more face validity also.

***Be future-oriented** - Some of those interviewed praised the future promise of SCP, but said the system as it is now asks for far more detail than they typically have available. Acknowledging that for a number of products being entered now the data available will be sketchy increases the overall perception that SCP is attuned to reality.

***Be up to date** - ASPA's 1986 *Public Affairs Management Manual* needs to be updated; it could both explain SCP and put it into the larger context of communications for HHS.

***Be contractor-oriented** - Language is needed that requires contractors to support the SCP process (this recommendation has been implemented).

***Be conveners** - Several interviewees suggested that communications directors (not their staff) should be invited to gather to talk about how the SCP process can best be improved and used long-term, and integrated into the overall communications processes of the Department, as part of "delivering impact to the American people," as HHS Secretary Sylvia Mathews Burwell has put it.

Data collected from the platform showed that as of January 2015, there were 372 registered users, with 246 plans entered on it. Internal review only was selected for 38% of these plans, and 37 had been approved so far by ASPA. Average time to completion for ASPA review was 10.3 days (as compared with a range of 7-14 days in 2013 under the old system).

A total of 25 Platform users (about 7%) responded to a SurveyMonkey sent to them in late 2014. Findings (these are presented in more detail in Backer, 2014) include:

- * 48% of users are satisfied with the platform, and only 16% are not satisfied.
- * 44% of users are satisfied with the overall SCP process, and 28% are somewhat less than satisfied or not satisfied.
- * 44% of users are satisfied with the training received from ASPA on how to use the SCP; 28% are somewhat less than satisfied or not satisfied.
- * 1/3 of respondents had received technical assistance from ASPA on platform use, and 80% of recipients were satisfied with it.
- * Just over half of respondents reported a specific problem with day-to-day use of the platform.

- * No respondents had concerns about data security in using the platform.
- * 60% of respondents had concerns about how much effort it takes to provide the information required for the SCP process.
- * 20% of respondents have used or are planning to use the SCP process and the platform for internal management purposes, 30% do not, and 50% are not sure.

Respondents to the survey also suggested a number of improvements for the SCP process and the platform.

Comparison with 2013 Study Results and SAMHSA Systems Change

The 2013 telephone interview study (Backer and Groves, 2013) resulted in ten "transformational recommendations" about how the SCP process should be engineered. While 2014 interviewees weren't asked specifically about these recommendations, most of them have been addressed by actions ASPA has taken since they were made at the end of 2012.

Weber and Backer (2012) reported on the process and outcomes of an earlier communications systems change effort at an HHS unit, the Substance Abuse and Mental Health Services Administration (SAMHSA). This effort overall was successful, and now it has been aligned with the work reported here. Several important differences were observed between the two efforts. Perhaps most importantly, the HHS systems change effort focuses much more squarely on defining outcome measures and gathering evaluation data to assess accomplishments by these measures. Also, the HHS effort simply requires more "steps and more moving parts" because it is implemented in a hugely more diverse and complicated infrastructure (of which SAMHSA is just one relatively small part).

Lessons Learned and Applications for the Future

Among the lessons learned from implementing the SCP innovation, using an innovative approach to systems change in a large Federal agency, are

- 1 - Regular, personal engagement with individual agency staff by the HHS Entrepreneur and other ASPA staff was crucial, to provide psychological as well as technical support for the change process;
- 2 – The willingness of HHS senior leadership to move from a "push" to a "pull" approach as part of implementing SCP was critical for success;
- 3 – Stakeholders needed to be engaged early and often to "own" the change, to design how the change was to be implemented, to talk openly about challenges, and to celebrate wins;
- 4 – A clearly articulated vision was needed that presents both individual ("I can get funding for future projects if I prove the impact of this project") and organizational ("We can track all of our communications efforts") benefits;

5 – Strong leadership was needed to ensure that “not changing is NOT an option” – while still providing flexibility to empower individuals to make the change work in their environment;

6 – Tools and training were needed to make it easier for individuals to embrace and sustain the change.

7 – The Lean continuous improvement process worked well as part of implementing major changes in this Federal agency.

8 – As new agency leaders came on board, the new approach (SCP) became the “process to be improved on”!

Just as the SAMHSA system change effort (Weber and Backer, 2012) guided and shaped the HHS effort reported here, so ASPA’s development and implementation of Strategic Communication Planning now is providing a guide for a systems change effort to re-imagine the goals and operations of HHS’s Digital Communications Division (DCD). DCD staff is being engaged robustly in this effort, and an interview study was conducted in late 2014 to obtain information useful in shaping the systems change intervention now being directed by the first author.

About the Authors:

Mark Weber, MBA, is Deputy Assistant Secretary for Public Affairs, U.S. Department of Health and Human Services. He was speech writer for the HHS Assistant Secretary for Health from 1989-1995, and Director of Communications for the Substance Abuse and Mental Health Services Administration from 1995-2011. He has received the Secretary’s Distinguished Service Award and SAMHSA’s Leading Change and Outstanding Service Awards. He holds an MBA from George Washington University and a BA from Virginia Tech. He can be reached at mark.weber@hhs.gov.

Thomas E. Backer, PhD, is Senior Research Fellow at California State University Northridge. He also is Associate Clinical Professor of Medical Psychology at the UCLA School of Medicine, and was Senior Fellow at UCLA’s Luskin School of Public Affairs in 2003-2004. From 1971-2014 he directed research at the nonprofit Human Interaction Research Institute, where he was President 1986-2014. He is the author of more than 500 publications, including the recent books *Evaluating Community Collaborations*, and *The Expanding Universe: New Directions in Nonprofit Capacity Building*. A licensed psychologist in California, he holds a doctorate in psychology from the University of California, Los Angeles. He can be reached at thomas.e.backer@csun.edu

Kristann Orton is Consultant, Office of the Assistant Secretary for Public Affairs, U.S. Department of Health and Human Services. She came to the Department in 2014 as an HHS Entrepreneur fellow, following a 20-year career at Hewlett-Packard where she led startup business endeavors as a commercialization manager. She holds a BS degree from the University of California, Santa Barbara. She can be reached at kristann.orton@hhs.gov.

Gloria Barnes is Public Affairs Specialist with the U.S. Department of Health and Human Services. She was publications manager at the National Aeronautics and Space Administration from 1988-1999, and technical information specialist for the HHS Office of Public Health and Science from 1999-2007. She received Special Service Awards for production of A Healthier You publication and for coordinating the Secretary's Steps to a Healthier US summits. She received publication management certification from George Washington University. She can be reached at gloria.barnes@hhs.gov.

Will Jenkins was Director of Communications for Human Services at the U.S. Department of Health and Human Services when the work reported here was done. Previously he was Communications Director and Legislative Aide for Members of the U.S. Senate and House of Representatives, and also directed communications and programs for nonprofit organizations.

Carol Crecy, MBA, is Senior Advisor to the Deputy Assistant Secretary for Aging, U.S. Department of Health and Human Services, Administration for Community Living/Administration on Aging. She has received the Secretary's Award for Distinguished Service and has served in a variety of positions at AoA for over 35 years. She received a BA in psychology from the University of Maryland and an MBA from Trinity College in Washington, D.C. She can be reached at carol.crecy@acl.hhs.gov.

References

Assistant Secretary for Public Affairs, U.S. Department of Health & Human Services. 1986. *Public Affairs Management Manual*. Washington, DC: USDHHS.

Backer, Thomas E. 2014. *Hearing the Voice of the Department II: Transforming HHS's Publications Planning and Clearance Process*. Washington, DC: U.S. Department of Health and Human Services.

Backer, Thomas E. 2003. Science-based strategic approaches to dissemination. Pp 269-286 in James A. Sorensen, Richard A. Rawson & Joan E. Zweben (Eds.). *Drug Abuse Treatment through Collaboration: Research and Practice Partnerships that Work*. Washington, D.C.: American Psychological Association.

Backer, Thomas E. & Kathryn Groves. 2013. *Hearing the Voice of the Department: Transforming HHS's Publications Planning and Clearance Process*. Washington, DC: U.S. Department of Health and Human Services.

Kotler, Philip. & Nancy R. Lee. 2008. *Social Marketing: Influencing Behaviors for Good*. Thousand Oaks, CA: Sage Publications.

Rogers, Everett M. 2003. *Diffusion of Innovations*. New York, NY: Free Press.

Weber, Mark A. & Thomas E. Backer. 2012. Science-based communication strategy for a Federal agency. *Science Communication*, 35(5): 667-77.