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Article Commentary

Establishing and Maintaining Trust: How the U.S. Preventive Services Task Force Uses Strategic Communications to Build Confidence in and Disseminate Its Evidence-Based Recommendations

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ABSTRACT

In an era of conflicting health guidance and misinformation, the need for evidence-based recommendations—and clear communication about them—is critical. This paper examines the ways in which strategic communications support for the United States Preventive Services Task Force (Task Force) helps to fulfill its mission to improve the health of all people nationwide through evidence-based preventive services recommendations. This paper describes communications challenges specific to the Task Force and how its strategic communications approach helps to address them. To exemplify the Task Force’s process for developing recommendations and how it achieves impact, this paper provides two case examples, one that focuses on a topic that garnered a lot of public interest and one that focuses on the perception of “more care is better care.” It also presents key principles in building and maintaining trust through focused communications that may assist others in effectively communicating and disseminating health information.

Keywords:

Communications, trust, evidence-based, misinformation, prevention

Communicating in a Time of Distrust

The U.S. Surgeon General, Dr. Vivek Murthy, recently called misinformation “a serious threat to public health” (U.S. Public Health Service, 2021). Dr. Murthy defines misinformation as “false, inaccurate, or misleading information, according to the best available evidence at the time” (U.S. Public Health Service, 2021). From misinformation, purposeful disinformation, and opinions from “armchair scientists”—who may or may not have the appropriate expertise to weigh in on a topic—to normal debate, conflicting perspectives, and legitimate health guidance that can evolve over time, we have seen a growing confusion and distrust of scientists and medical professionals. As a result, effectively communicating about evidence-based, peer-reviewed science and medicine has become even more challenging.

Living through—and learning to live with—the COVID-19 pandemic has changed our world and impacted how people maintain their health. This impact has led to an increased focus on healthcare information and whether (or not) it is accurate, credible, and reliable. We’ve seen scientists working tirelessly to try to keep us safe and reduce deaths. However, we have also seen a sharp decline in the public’s positive attitudes toward medical scientists. In February 2022, only 29 percent of U.S. adults said that they have

a great deal of confidence in medical scientists to act in the best interests of the public, down from 40 percent in November 2020, according to a Pew Research Center study (Kennedy, 2022).

The pandemic also disrupted the delivery of care. Primary care took a back seat to acute medical needs, healthcare visits were postponed or cancelled, and many patients did not receive routine preventive screenings, such as mammograms and colonoscopies. The implications are vast. The National Cancer Institute projects almost 10,000 excess deaths from breast and colorectal cancer alone over the next decade due to delayed care (Sharpless, 2020).

Collectively, these factors aren't easily addressed or solved; however, there is an important role for communicators. As Dr. Lawrence Tabak, acting director of the National Institutes of Health, recently said, "Now more than ever, scientists have a responsibility to communicate clearly and consistently with the public," underscoring the need for effective communication about evidence-based preventive services that can help people across the country protect and maintain their health and rebuild trust in science and health information (National Institutes of Health, n.d.).

U.S. Preventive Services Task Force: A Gold Standard in Guidelines

Situated within this complex health and communications landscape, the U.S. Preventive Services Task Force is the gold standard for evidence-based recommendations and a highly trusted source for primary care prevention. Created by congressional authorization in 1984, the Task Force is an independent panel of experts who make evidence-based recommendations about clinical preventive services, such as screenings, counseling, and preventive medications to improve the health of people nationwide.

The Task Force uses a clear, consistent, and transparent process to develop recommendations

so that everyone can understand and trust its work (see Figure 1).

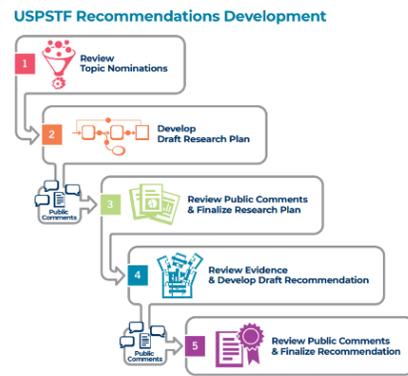


Figure 1: The Task Force uses a clear, consistent, and transparent recommendation development process, depicted in this graphic, so that healthcare professionals, partners, and the public can understand and trust its work.

The Task Force's recommendations are based on an assessment of the current peer-reviewed evidence and intended to help primary care healthcare professionals work together with their patients to make informed decisions about preventing illness and staying healthy. While the recommendations are developed for health professionals to implement in primary care, other stakeholders outside of clinical settings also seek this information and are interested in what the Task Force recommends. The Task Force—consisting of a volunteer group of 16 national experts—publishes prevention guidance on more than 80 health topics across the lifespan—from vision screening in young children, to heart disease prevention in adults, to falls prevention in older people. Over the years, the Task Force has become widely regarded as a go-to source for evidence-based information about what works—and doesn't work—in prevention.

Fulfilling the Task Force's Mission Through Communications

Given the complexity and volume of topics and the wide range of audiences the Task Force aims to reach—such as clinicians, patients, stakeholder organizations, partner groups, and researchers—the Task Force communications approach must have messaging discipline to ensure that the most important information is distilled into clear, plain-language messages that

are easily understood by everyone. This is necessary when providing guidance affecting people's health, as it could lead to misunderstanding of the recommendations, which may negatively affect their adoption in primary care. Additionally, clear communication of Task Force recommendations is one critical element to help ensure the implementation of recommended practices. This is especially important when the recommendations are nuanced or represent a change from the current standard of care. The Task Force also is committed to using culturally appropriate language and inclusive terminology, as well as other languages, when necessary.

Building Trust Through Strategic Communications

A highly coordinated strategic communications effort is vital to ensuring awareness, understanding, and credibility of Task Force recommendations across target audiences, primarily healthcare professionals. The Task Force's approach to communications relies on proven processes that are continuously honed to better reach and engage with its key audiences while breaking through many of the aforementioned barriers to promote its evidence-based guidance on preventive services. Since its inception, and especially over the past decade, the Task Force has solidified its approach to trust-building communications, honing processes to better integrate with and complement the Task Force's overall systematic, evidence-based, and transparent approach to making recommendations. Today's Task Force communications are driven by four overarching strategies to build trust through thought leadership, audience engagement, broad dissemination, and sound issues management. These strategies are part of a customized and tailor-made approach to communications that is specific to the Task Force and its unique position within our healthcare system. Our work executing these strategies is informed by several communications theories, such as the Diffusion of Innovation Theory (Communication Theory, n.d.), the Socio-Ecological Model (Centers for Disease Control and Prevention, 2022), and the

Relational Model of Crisis Management (Jaques, 2007). The communications approach aims to support the Task Force as the gold standard when it comes to issuing evidence-based recommendations for primary care by increasing awareness of and confidence in the value of the Task Force and the work it does for the health of people nationwide. To foster engagement in the recommendation development process with key audiences, the Task Force consistently and transparently invites comments from the public and key stakeholders.

Our communication approach also supports widespread understanding and encourages sharing Task Force recommendations to remain a credible source. Targeted dissemination through the media, partner and stakeholder organizations, digital outreach, and social media enables the Task Force to reach multiple audiences at various points where the audiences receive information and health updates. For example, the Task Force provides its credible partner organizations with materials about its latest evidence-based recommendations to disseminate and share with their communities. Lastly, the Task Force anticipates and works to prevent the spread of misinformation or disinformation before it can begin and responds rapidly to issues that arise when inaccuracies go viral.

A team of experts in strategic communications, media relations, issues management, stakeholder engagement, and plain language translation provide continuous support for the Task Force. Built on a systematic framework, the team provides consistent and comprehensive support for all topics, including communications planning and stakeholder analyses that are specific to each topic. The communications team plays an integral role and listens for relevant nuances throughout the development of each recommendation, translating the scientific information into easily digestible language for communications materials.

The team is integrated with the Task Force members and scientific staff at multiple levels. One critical alignment in the team structure pairs

experienced communicators—“Communication Officers”—with scientific experts, or “Medical Officers,” for each topic. This “at the elbow” support allows the communications team to provide up-to-the-minute guidance for Task Force members, but also allows for anticipating issues and providing counsel, as needed. Having the communications team involved in this way can help the Task Force shape and inform strategies in a more efficient and effective way and aid with mitigating challenges in real time.

Communications in Action: Screening for Anxiety in Children and Adults

Recently, the Task Force issued a new final recommendation stating that primary care clinicians should screen children ages 8 and older for anxiety and a draft recommendation stating that clinicians should screen all adults ages 64 or younger for anxiety, including pregnant and postpartum persons. As these are new topics to the Task Force portfolio—and top of mind for many clinicians, parents, and caregivers who saw increases in mental health conditions over the past few years—the Task Force relied on its proven approach to effectively communicate these new recommendations to reach target audiences.

The primary way the Task Force reaches the medical community is by publishing its final recommendations in the *Journal of the American Medical Association (JAMA)*, along with a podcast that discusses the recommendation and a summary of the topic specifically designed for clinicians. The Task Force also sends emails to its Federal and Dissemination and Implementation partners along with a toolkit to aid in the sharing of the recommendations with their communities—many of whom are health professionals. To reach a more general and consumer audience, the Task Force sends an email to its listserv of more than 90,000 subscribers; prepares a consumer guide, which is posted with its recommendations; and conducts outreach to the media. With this topic, and all topics, Task Force members serve as spokespersons and often participate in media interviews or provide written comments to

explain the recommendation for lay audiences. Getting ready for these interviews regularly involves preparation by reviewing the recommendation with the communications team as well as a mock interview.

The anxiety recommendations garnered significant attention from the media and stakeholders, contributing to the Task Force’s highest level of media interest in recent history. In fact, there were nearly 2,500 media stories on the screening for anxiety in adults draft recommendation within the first two weeks of posting alone, including more than a dozen live broadcast interviews and coverage from top-tier outlets, such as *The New York Times*, *The Washington Post*, *The Wall Street Journal*, NBC, CBS, CNN, NPR, and more.

Disrupting the “More Care is Better Care” Perception

The recommendations that often create the most confusion and opposition are those that disrupt the standard of care or counter popular medical opinion. While prevention is an essential part of health care, it is not always without harm. An assessment of both the benefits and the harms of a service is at the core of Task Force recommendations and vital to providing appropriate care for each patient. Unfortunately, society tends to focus on the tenet that “more care is better for your health” in the public narrative, and the harms of a given service can be discarded and overshadowed by the potential benefits. Knowing and understanding the impact of the harms of a potential service is vital to patients’ desire to make informed decisions about their care with their clinicians. Some of the potential harms of various preventive services include receiving additional tests and invasive procedures unnecessarily, as well as the mental health impact of a false-positive test result that often needs follow-up confirmation.

When the Task Force issues a recommendation that refutes this “more care is better care” perception, the communications about that recommendation must inform many audiences and engage them during the recommendation

development and dissemination process to ensure that the recommendation can be understood and implemented by healthcare professionals and patients alike. The Task Force communications team takes this into account when planning to disseminate information that is complex and meant for a large and diverse audience. Refuting the “more care is better care” perception while maintaining trust can be difficult.

When the Task Force first made a recommendation that women in their 40s should talk to their doctor about the potential harms of breast cancer screening before deciding to get a mammogram, the backlash was loud and swift. In 2015, when that recommendation was reaffirmed but the message was centered on how women deserve to make informed decisions about their healthcare and whether or not starting screening was right for them, the reaction was far more balanced and there was a wider understanding of what the Task Force was recommending and why. This message featured prominently in all the communications materials including a website, a video, partner and stakeholder emails, news bulletin, frequently asked questions (FAQs), and more. An essential role of Task Force communications is to reinforce the concept that the best preventive care is not determined by how much care is received, but whether the care is evidence-based, appropriate, and likely to be beneficial.

Key Principles and Lessons Learned for Successful Health Communications

Rooted in its strategic communication approach focused on thought leadership, audience engagement, broad dissemination, and sound issues management, and built on trust, much of the Task Force’s successful communication is attributed to principles that may assist others who disseminate health information and recommendations. These principles include:

1. **Clarity and Transparency in Communications.** *An emphasis on transparency with key audiences is a cornerstone to building trust between an organization or group and its audiences.* Health recommendations and

guidelines cannot be implemented without the trust of health professionals and patients. Consistent, clear, and transparent communications are essential to establishing and maintaining this trust, especially as guidance evolves over time. As outlined above, use of plain language ensures everyone understands the recommendations, which is essential to the implementation of the guidelines. For example, as part of its commitment to supporting the health of underserved populations and helping improve health equity, the communications team, in collaboration with the Task Force, recently assessed and revised some of its terminology to ensure it reflects current, inclusive terminology, such as gender-neutral language when appropriate, as one part of a larger strategy to increase the adoption of its guidance. After making the changes, the Task Force wrote editorials and published them in *JAMA* to inform the clinician community and the public of its changes. Reinforcing transparency as part of the communications approach also supports building and protecting the reputation of the Task Force.

2. Using a Systematic Communications

Framework. *Applying a framework across topics or issues that is scalable and can be tailored to specific factors in the environment establishes a consistent trust-building regular communications cadence for dissemination.* This framework establishes a timeline for which communications can be shared through consistent channels. At the same time, the communications framework is also flexible to allow for the individual needs of specific topics to be incorporated into communications planning. The framework is centered around the development of a foundational communications plan at the outset of each topic that outlines the baseline of communications activities, preparing spokespersons with messaging support to ensure accurate information about each recommendation is communicated clearly, outreach to key audiences, and planning for potential reactive communications activities in the event the recommendation is inaccurately understood, which could lead to spiraling misinformation. The framework helps set

expectations internally and externally and provides room for strategic adjustments from the standard approach to accommodate special circumstances.

3. Proactive Media Relations. *Consistently engaging with the media gives an organization or group the opportunity to have their messages heard and understood.* A well-oiled media operation builds trust by consistently sharing information about new recommendations and quickly connecting reporters with well-prepared spokespeople with the goal of furthering the message through outlets to reach the maximum number of people. Proactive media engagement helps to build a long-term relationship with trade and consumer outlets, resulting in more frequent and accurate coverage. In fact, researchers found that media coverage and messages about breast cancer screening recommendations from 2009 to 2016, including those from the Task Force, led to more accurate media coverage over time (Nagler, 2019). The Task Force team responds quickly to all inquiries and the consistent and reliable manner with which it engages has garnered trust with reporters over the years. The Task Force also seeks ways to share stories about its overall mission and provides comprehensive media and message training for all Task Force members so that they can maximize the value of each media opportunity. Media coverage is monitored on an ongoing basis to track the frequency, tone, sentiment, and accuracy of how the Task Force is covered in news stories. This comprehensive approach helps the Task Force garner coverage in tens of thousands of media stories each year, including those from top-tier outlets and leading trade publications such as *The New York Times*, CNN, and Medscape. Notably, coverage sentiment about the Task Force is overwhelmingly neutral or positive—about 98 percent. The communications team’s quick-turn responsiveness can also help avert the spread of misinformation. For example, after a new draft recommendation posted with the guidance that people over 60 should not start taking aspirin, the Task Force media team learned that there were online conversations claiming that aspirin was no longer being recommended because it could help treat COVID-19. The tweet insinuated

that this was a deliberate attempt to undercut the value of any COVID treatment that was not vaccination. An Associated Press reporter, focused on debunking viral misinformation, reached out and was quickly connected with a Task Force spokesperson who explained the Task Force’s remit and processes. Ultimately, the reporter published an article debunking the claims that the Task Force’s guidance was connected to COVID-19 and the online discussion around this misinformation quieted down.

4. Engaging Partners and Stakeholders. *Creating mutually beneficial partnerships and relationships encourages participation and collaboration among partner organizations and stakeholders.* As mentioned above, Task Force partner organizations play an important role in supporting dissemination of Task Force recommendations to expand reach into various audience segments, with a goal of increasing awareness of the recommendations and use by healthcare professionals. Task Force partner liaisons are intermediaries to their constituencies and consist of groups representing certain patient and clinician populations that support primary care delivery; groups focused on health care utilization, coverage, and quality; groups that develop recommendations on prevention; and Federal agencies. The Task Force also assesses and evaluates the makeup of its partner organizations, with an eye toward ensuring diverse perspectives are represented, and recently added several new organizations that expand the voices in the partnership. Stakeholder organizations are identified for each individual preventive service topic under review and serve the role of providing input during development to strengthen the recommendations. When a recommendation might cause controversy or misunderstanding, partners and stakeholders can play an important issues management role by helping to educate their constituents and not spreading misinformation. These opportunities support the Task Force’s reputation and help expand understanding of its mission and methods.

Conclusion

The mission of the Task Force is to improve the health of people nationwide by making evidence-based recommendations on effective ways to prevent disease, promote health, and prolong life. Communications is an integral element of delivering on that mission as well as achieving all public health goals and objectives. Given the current environment and the public's growing lack of trust around health and science, successfully communicating about the Task Force and its recommendations has been challenging. To address these challenges, the Task Force relies on its tested communication strategies, honing approaches and processes to integrate with and complement its rigorous and transparent approach to recommendations development. These communication strategies work to build confidence in the Task Force and position it as a thought leader among evidence-based recommendation-making bodies, foster engagement by key audiences, disseminate recommendations widely to support implementation in primary care, and better anticipate issues and navigate the current complex health and societal landscape. These efforts help the medical community and public better understand Task Force recommendations, trust the Task Force as a resource, and use the recommendations during primary care visits. The USPSTF's evidence-based communications approach offers a sustained and systemic model to achieving its goals. The Task Force's successful communications are attributable to strategies and principles that may assist others who disseminate health information and guidelines.

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