

Meigs County Health Department
112 E. Memorial Drive Suite A
Pomeroy, Ohio 45769



Public Health
Prevent Promote Protect

Meigs County
Health Department

Phone: (740) 992-6626
Fax: (740) 992-0836
www.meigs-health.com

Communications Policy

Purpose:

The Meigs County Health Department (MCHD) has never had an established Marketing Department staffed with trained personnel that solely focuses on communicating with our target market. Consequently, this Communications Policy provides guidance for MCHD Public Information Officer (PIO), Senior Management (Health Commissioner or Administrator), Supervisors, General Staff and, when necessary, Members of the Board of Health (BOH) on issuance of public health (PH) messages and information through media, social media, the agency website and other methods. The MCHD established and maintains separate plans or policies to address communications during public health emergencies; to provide Culturally and Linguistically Appropriate services; for a Planned Approach to Health Promotion Programs; to promote health equity – all of which are included as appendices to this policy for user convenience.

This policy is intended to improve the public's perception by the MCHD's delivery of accurate, concise, consistent, timely and coordinated messaging about PH and services provided. With this policy, the MCHD will effectively communicate with its target market: staff, stakeholders and Meigs County/Southeast Ohio residents to educate them about PH issues and to ensure confidence in, recognition of and the value of PH services offered. The policy will facilitate creation of a culture of communications for public relations, community engagement and customer service. It will also minimize the risk of inaccurate information that can cause unnecessary public concern.

This policy fulfills standards and measures for Public Health Accreditation Board Domain 3.2.3 #1.

Definition of MCHD Target Market:

1. Residents: People who live, work, play and worship in Meigs County. It is important that residents receive MCHD communications to be aware of services, health education information, emergency messages and other information to empower them to make healthy decisions for themselves and their loved ones. Specific messages may target unique subsets of residents based upon specific characteristics including, but not limited to age, gender, needs or wants.
2. Stakeholders: Persons that play key roles in determining the resources available to the MCHD including local voters, elected officials, BOH Members, members of the local PH system and state agencies.
3. Staff: Employees of the MCHD are avenues of communication to residents and stakeholders and physically represent the MCHD to the public.

MCHD Mission and Vision Statements:

Mission: The Meigs County Health Department's (MCHD) mission is to preserve, promote, and protect the health and well-being of Meigs County.

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Vision: The MCHD's vision is to be a leader in public health, providing solutions to community health challenges so that people enjoy optimal health in a clean and safe environment.

Guiding Principles and Guidelines:

1. Consistent, reliable and regular
2. Transparent, clear, accurate, open and trustworthy
3. Inclusive
4. Accessible
5. Local
6. Culturally and linguistically appropriate
7. Cost effective
8. Considerate of target market needs (i.e. literacy levels)

The following guidelines should be followed by all MCHD staff and BOH Members:

- Present as one single organization with several services in all communications and promotions.
- Maintain credibility and integrity by providing timely, accurate and complete information to target market.
- Recognize that staff is communicating daily in each interaction with clients.
- Deliver accurate, concise and consistent, coordinated messages about the MCHD and its services.
- Support and cross market MCHD services whenever possible.
- Utilize routine communication channels to promote itself and provide health education.
- Provide timely and accurate information during emergencies through multiple communication channels.
- Support stakeholders who may need MCHD representatives to address pertinent health information topics during local meetings.
- Capitalize on opportunities to promote itself and provide health education.
- Coordinate with national health observances, CDC or Ohio Dept. of Health communication efforts.
- Use client surveys and other data collection tools when possible to measure the effectiveness of MCHD messages and communication methods.
- Adhere to the MCHD Branding Policy (which is located in the Appendices).

Links to Other MCHD Plans and Policies:

1. Meigs County General Health District 2015 Community Health Assessment (CHA): *CHA has repeatedly uncovered a major barrier to care: lack of information related to what services are available in the county and how to access those services. By making this information easily available and easy to access through the health department, the health department would become a more valued resource in the county and*

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would be more relevant to a broader segment of the community. The Community Readiness Assessment, stakeholder meeting, focus group, and Forces of Change Assessment all found low awareness related to what services the Health Department offers to the community. Within the focus group, residents identified two ways to make contact with community members. Younger adults were interested in receiving information through technology: social media, websites, phone apps, and email updates. It was reported that older adults relied more on the newspaper, fliers, and word of mouth. It was also reported that both groups frequently interacted within churches throughout the community and that faith-based organizations were where the different segments of the community intersected. Similar to the need for branding the initiative to make it recognizable to its constituents, the health department must make it clear what resources and services it has available to offer community members. A menu of health department services should be prominent on the health department website and Facebook page, and pamphlets or brochures should be available with this information clearly spelled out. Available services should clearly identify what populations they serve and how to access those services.

2. Strategic Plan: PRIORITY #1: Improve Communication - Based on results from the SWOT Analysis and responses from consecutive employee satisfaction surveys, the MCHD felt it was necessary to improve communication efforts both within the agency and with stakeholders. The MCHD plans to use online trainings through sites such as Skillsoft in an effort to improve internal communication. External communication issues will be addressed by implementing a Communication Policy and developing an outreach program, which will include demonstrations, quarterly visits throughout the County to distribute MCHD information, and attendance at community events.
3. Branding Policy: The CHA identified the MCHD's need for consistent branding. The branding policy establishes procedures to ensure a uniform appearance of all communications both internally and externally regarding the MCHD, thus, making our communications easily identifiable by staff, the public, and all stakeholders. Doing so will provide these individuals with assurance that the information received from the MCHD is an official communication from the department. MCHD branding efforts and logo will raise awareness of the value of governmental public health, increase the visibility of the MCHD, and reassure people in the community that their MCHD is working to protect their health and safety, if used consistently and over time.
4. Emergency Response Plan (ERP): As noted in the Purpose section of this policy, Annex 2: Interoperative Communications and Annex 3: Emergency Public Information & Warning are attached to this policy as appendices.

Media Activities:

1. Media inquiries are coordinated by the designated PIO or Backup PIO (job descriptions included in the appendices) or Senior Management. If one of the above is not available or a subject expert is needed then the inquiry and/or interview can be conducted by the appropriate division director (i.e. Director of Nursing, WIC Director, or Director of Environmental Health).

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2. If any staff member including, but not limited to those who cover the reception desk and answer incoming calls are contacted by the media, ask for their name, contact information, subject of their story and their deadline. Tell them that you will have someone contact them. Contact the PIO or Backup PIO or Senior Management, who will immediately either call them back or have a designated subject matter expert respond to the request for an interview or information.
 3. The MCHD local media contact list is maintained by the PIO assisted by the Clerical Specialist. A copy is attached to this policy as an appendix and an electronic copy can be found on the MeigsPrime server and in the ERP.
 4. Press releases composed by the PIO/Backup PIO or any staff member will be reviewed by Senior Management and will be issued locally or regionally depending on the scope of news.
 5. The MCHD has established positive relationships with local and regional newspapers, TV and radio stations and will retain these to promote the MCHD's vision and conduit of health messages.
 6. Press releases and articles will be issued for the following reasons: Introduction of a new MCHD service/program, award, grant, data or employee recognition; Health threat or enforcement action; Health advisory or alert; Opinion/Editorial; public health education and information.
 7. The MCHD will continue to place weekly Meigs Health Matters and Meigs Health Today articles in the Sunday-Times Sentinel and Meigs Independent Press, respectively. The Administrator will compile a list of topics at the beginning of each year and will assign the article to the appropriate MCHD staff member for compilation. The Administrator is responsible for reviewing the content and forwarding the article onto the aforementioned newspapers for publication.
 8. Please use the following tips for media interviews: 1. Speak slowly and clearly 2. Know the topic of the interview in advance 3. Avoid technical jargon and use of abbreviations 4. Talk about what you know and don't speculate on what you don't know 5. Know the facts, research relevant facts and agency talking points before the interview. Support facts with credible data from CDC, ODH, etc. 6. State facts, not opinions 7.. Avoid speaking off the record 8. Smile, be confident and pay attention to body language if you are on camera 9. Dress professionally and be well groomed during interviews 10. Ignore the camera and make eye contact with the reporter.
 9. The decision to contact the media is made in consultation with Senior Management and the PIO/Backup PIO. Public safety and the level of risk to the public drives the decision whether or not to involve the media.

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10. Any MCHD program wishing to arrange a media event initially contacts Senior Management and the PIO to outline its purpose and goals. Invitations will be coordinated with the PIO using the media contact list.
11. If MCHD staff are participating in an outside media event (not simply observing), he/she will notify the PIO and Senior Management prior to the event, especially if he/she is the spokesperson and time permits.
12. For media coverage during an outbreak or other special circumstance, the PIO may work with a MCHD subject matter expert or supervisor to develop a fact sheet or talking points. A point person prepared to talk to the media and answer questions will be selected by the PIO and Senior Management.
13. Employees should notify the PIO and Senior Management or their immediate supervisor about any issue (positive or negative) that you suspect may be covered by the media that includes the MCHD or a specific program as soon as possible.
14. All non-exempt public records are to be promptly and reasonably made available, upon request, for inspection or copying to any person at all reasonable times during normal business hours. Information during an investigation will be treated appropriately to protect the integrity of the investigation. Public records requests will be processed in accordance with MCHD Public Records Policy.
15. The MCHD is required by HIPAA law to protect Protected Health Information (PHI). Reference the MCHD HIPAA Policy before releasing any information relating to a past, present or future physical or mental health condition of an individual, provision of health care to an individual or the past, present or future payment for healthcare provided to an individual.

Crisis and Emergency Risk Communications:

The MCHD's designated PIO is the PH Emergency Response Coordinator (PHERC). The Backup PIO is the Director of Environmental Health. Both employees have completed formal training. During an emergency, all media inquiries will be directed to the PIO.

During emergencies and when the MCHD is following the Incident Command System (ICS), Senior Management (or designee) will activate ICS and the PHERC/PIO will activate the Emergency Response Plan (ERP) (including Annex 2: Interoperative Communications and Annex 3: Emergency Public Information & Warning) based on the size and scope of the incident.

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During health emergencies, the Ohio Public Health Communications System (OPHCS) and Health Alert Network (HAN) will be used to communicate with ODH and other partners. MARCS may be used for communications with local partners and staff.

Coordination with Community Partners for the Communication of unified PH: messages:

The PIO and Backup PIO have received training to create unified messages. The process for informing and/or coordinating with stakeholders and staff to promote the dissemination of consistent and unified public health messages that are accurate and appropriate for the audience during emergencies is outlined in ERP Annex 3: Emergency and Public Information & Warning.

The MCHD leads or participates in numerous community-based coalitions including, but not limited to Get Healthy Meigs!; Creating Healthy Communities and the Meigs County Prevention Coalition. Any unified message generated by such a group will receive MCHD input from the involved staff member(s) to ensure alignment with the MCHD's mission statement and core values prior to release.

Website:

The MCHD's website is an important part of the MCHD's strategy to strengthen external communications. The PIO is responsible for maintaining website content. Employees wishing to post information on the website should seek the approval of their immediate supervisor, Senior Management or the PIO. Educational materials, brochures, fact sheets, flyers, rules and regulations, BOH Meeting Minutes, data and other important PH information will be housed on the website. Press releases will be posted as soon as they are released to the media.

Each division or program is responsible for the accuracy of their own content. If information needs to be updated, edited or changed, that division or program is responsible for notifying the PIO after obtaining administrative approval.

Social Media:

The MCHD uses Facebook and Twitter to share and spread information that is deemed to be vital or beneficial to the public including, but not limited to messages and activities of the MCHD and general health messages. Social media provides a wider and more timely audience reach, especially in emergency situations.

Employees wishing to post information on the MCHD social media pages should seek the approval of their immediate supervisor, Senior Management or the PIO. The PIO, Administrator (or designee) will post the information.

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MCHD encourages feedback and comments from its target market on its social media pages. Content may not be removed without permission of Senior Management. Public records laws will be followed.

The full social networking policy can be found in the MCHD Personnel Policy and Procedure Manual (Section 7.22), which is attached to this policy as an appendix.

Branding:

All outgoing marketing materials (press releases, flyers, brochures, reports, presentation and other materials) must be branded with the official MCHD logo. For more information on the use of the MCHD logo or to obtain an electronic version of the logo, consult the MCHD Branding Policy, the PIO or the Administrative Assistant.

Internal Communications:

Internal communication channels that exist within the MCHD include monthly staff meetings; monthly supervisor meetings; monthly Human Relations Committee meetings; monthly BOH meetings; email, telephone; posted materials and bulletin boards.

During emergencies, please reference Annex 2 of the ERP: Interoperative Communications. This document includes a staff notification matrix.

Dissemination of Accurate, Timely, and Appropriate Information for Different Audiences:

Communication can take many forms both written and verbal, traditional outlets and new media outlets. Effective health communication campaigns use various methods to reach target markets. Appendix A outlines procedures that define the process for different audiences who may request or receive information from the health department. The MCHD will use the methods in Appendix A as its process to communicate information to residents, stakeholders and staff.

Appendices:

- Appendix A: MCHD Communications Methods
- Appendix B: ERP Annex 2: Interoperative Communications
- Appendix C: ERP Annex 3: Emergency Public Information & Warning
- Appendix D: MCHD CLAS Policy
- Appendix E: Planned Approach to Health Promotions Programs
- Appendix F: Health Equity Policy
- Appendix G: Social Networking Policy

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This policy was adopted by the Meigs County BOH on 7/10/18.

Marc Barr

Marc Barr, Health Commissioner

Roger C. Gaul

Roger Gaul, BOH President

Created: July 2018

Revised: _____

Appendix A: MCHD Communication Methods

	Responsible	Audience	Frequency	Format	Methods
Annual Report	Senior Management Supervisors Program Director	Residents/Stakeholders/ Levi Committee	Annually	Report	Can vary: Newspaper, emailing, website, etc.
Community Outreach	All Program Directors Senior Management	Residents/Stakeholders	As needed	Health fairs, community events	Personal contact, website, radio, newspaper, flyers, etc.
Community Presentations	All Directors Staff Senior Management	Residents/Stakeholders/ Partners	As needed	As needed	Personal contact
Quick Reference Guide	MCHD Director Get Healthy Meigs!	Residents/Stakeholders	Annually	Community resource information	Website, newspaper, email
Staff Meetings	All staff	All staff	Monthly	In-person meeting to educate and inform staff	In meeting format in MCHD conference room
Health Alerts	Program Directors Supervisors Final Approval: Senior Management	Partners/Stakeholders/ Staff/Residents	As relevant	Varies/Using templates	Fax alerts, email, social media, website, etc.
On Site Visual	Health Educator/ WIC Staff Final Approval: Senior Management	Staff, Clients, Visitors	As needed	Educational announcements; Promotion of services	Brochures, bulletin boards, posters
Meigs Health Matters Meigs Health Today	Senior Management Staff Supervisors Board of Health	Residents/Board/ Staff/Stakeholders	Once weekly	Newspaper article	Sunday Times Sentinel, Meigs Independent Press
Posters/Brochures	PIO Program Directors Supervisors Senior Management	Residents/Partners/ Stakeholders	When needed	All sized posters/ brochures	Throughout community as needs are presented. Fax, email, social media

Press Releases	PIO Final Approval: Senior Management Program Director Supervisors	Residents/Partners/ Stakeholders	As relevant	Varies	Newspapers: Sunday Times Sentinel, Meigs Independent Press, The Athens Messenger
Printed Materials	Administrative Assistant Final Approval: Senior Management	Residents/Partners/ Stakeholders	Everyday	Business cards, Stationary, address labels	Mail throughout community as needed
Social Media	PIO Senior Management Clerical Specialist	Residents/Stakeholders/ Staff	Daily	Short messages (140 characters)	Facebook, Twitter
Staff Bulletin Boards	Human Relations Committee Senior Management Fiscal Officer	Staff	As needed	Announcements, job postings, BWC notices	Bulletin boards by breakroom
Board of Health Meetings	Senior Management	Staff/Residents/ Stakeholders	Monthly	Announcements, activities, other items of interest from Board of Health Meetings	Email, website, Paper journal
Strategic Collaborations	All Program Directors Senior Management Supervisors	Residents/Stakeholders	As needed	Coalitions; networking groups; township and trustee meetings	Personal Contact
Website	PIO Senior Management	Residents/Staff/ Stakeholders	As needed	Varies. Includes job posting, press releases, flyers, etc.	MCHD website www.meigs- health.com
Board of Health Meeting Packets	Senior Management Fiscal Officer	BOH members	Monthly		Email
Letters to the Editor	PIO Senior Management	Residents/Stakeholders	As needed	Varies	Regional/local newspaper

**APPENDIX B: Meigs County Health Department
Emergency Response Plan**

**Annex 2:
Interoperative Communications**

Date Reviewed	Changes Made*	Signature
6/14/2018	Yes	Shannon E. Smith
6/14/2018	Yes	Shannon E. Smith
6/14/2018	Yes	Shannon E. Smith
6/14/2018	Yes	Shannon E. Smith

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* Summary of Changes can be found at the end of this document.

APPENDIX B: Meigs County Health Department Emergency Response Plan

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APPENDIX B: Meigs County Health Department Emergency Response Plan

INTRODUCTION

Every public health jurisdiction in the country has a responsibility to develop and maintain the capability to communicate with its jurisdiction's response agencies, as well as with public health agencies in adjacent districts.

The purpose of this interoperative communications annex is to provide instruction and guidance for affective communications within the agency and with response partners in the community before, during, and after an incident.

This plan will address initial notification, staff notification and activation, and external response partner communications and the "Essential Elements of Information" (EEI) to consider for an effective communication.

The scope of this annex and its related implementing instructions include:

- The initial health department notification process;
- Communication system use and related protocols; and
- Response partner and staff contact directories.

SITUATION AND ASSUMPTIONS

Situation

- An incident requiring public health action has occurred.

Assumptions

1. Enhanced interoperative communications is needed to respond to the incident and to keep staff and response partners informed and safe.
2. Staff has been trained on each form of communications.
3. Staff will respond to meet the community's needs should an incident occur.
4. Adjacent jurisdictions may be responding to the same/similar incident.
5. Compliance with National Incident Management System (NIMS) will occur throughout the response efforts.
6. Ohio Department of Health (ODH) and Center for Disease Control and Prevention (CDC) may be involved at any response level.

ACTIVATION AND IMPLEMENTATION

Typical Sequence of Activities:

- The Meigs County Health Department (MCHD) Emergency Response Plan (ERP) should be activated prior to the activation of this Annex.
- The activation and implementation of the Interoperative Communications Plan should be considered during any incident that requires communications beyond the "normal business" communications.
- The activation and implementation of this annex, and related implementing instructions, is determined by the Health Commissioner, or his designee.

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- The determination of communication systems to be used, frequency of communications, and the projected time needed for enhanced communications should be made.
- The health commissioner, or his designee, will notify the Board of Health and the County Commissioners of the activation and brief them on the situation if the incident is projected to extend beyond four (4) hours.
- The incident commander, or health commissioner, will be responsible for ensuring that all relevant response partners are notified
- Documentation and a description of the activation, notifications, and need for change in routine communications may be included on the ICS form 201 and/or 205.

CONCEPT OF OPERATIONS

Initial Notification

The MCHD will initiate both internal and external notification, alerting, and/or request for mobilization of staff and partner agencies following the detection of a public health emergency situation. The primary 24/7 contact number for the Health District, to receive notifications of public health emergencies, is the main health department landline number. After-hours calls are directed, via the automated answering system, to contact 9-1-1 (using a local number versus the actual number 9-1-1) with the information for public health emergencies

Internal Communications

An internal notification contact list has been developed for after-hours emergency notifications of critical response staff. The list provides an organized pattern of contacting staff through each director, starting with the Health Commissioner or acting Incident Commander. The list contains the contact information and backup contact information for critical response staff. A call log (ICS form Activity Log) is also included with the contact list for documentation of the message, who was contacted, and when the message was confirmed.

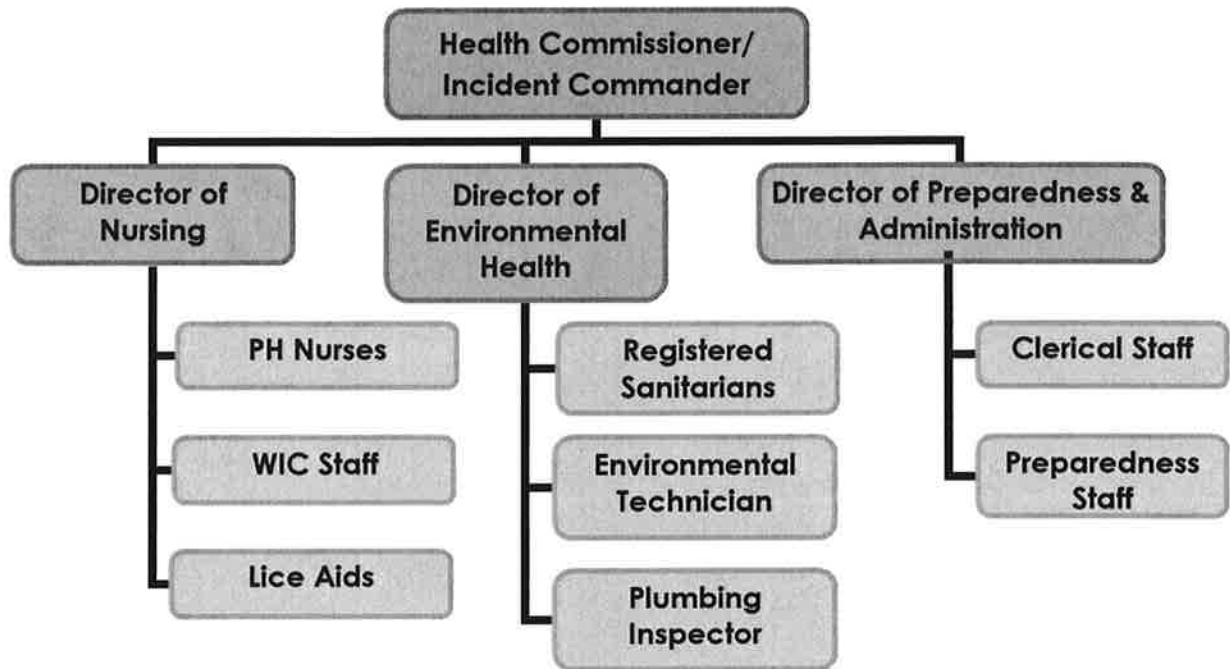
The timeframe for internal notification:

- Health Commissioner – within 1 hour
- Board of Health – within 4 hours for incident that may last greater than 24 hours
- Health department Supervisors – within 3 hours
- Health department staff within 24 hours

An additional list of all health department staff, including home health aides, with home/ mailing addresses is kept with the internal notifications list. (See II: Comm: Incident Notification and Staff Call-Down). Staff notification lists are updated and distributed to the health department plan initial responders as contact changes occur.

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Staff Notification Matrix



The Ohio Public Health Communication System (OPHCS) may be used to notify the core emergency response staff, regional public health preparedness response coordinator, and regional epidemiologists for emergency situations, if there is a computer with an internet connection available. See II: Comm: OPHCS Protocols).

External Communications

The MCHD maintains an external contact list, titled, "Health Alert Network (HAN) Directory", as part of the MCHD ERP. The HAN Directory includes: Name, title, agency/affiliation, contact numbers, email and a description of services and support available.

Initial External/Partner Notification should include:

- Meigs County Emergency Management Agency director;
- Meigs County Emergency Medical Services director;
- XXXXXXXXX hospital Infection Preventionist, if appropriate;
- XXXXXXXXX hospital Emergency Response Coordinator;
- Affected medical providers in the county, if appropriate;
- Regional Public Health Preparedness Coordinator or their designee; and
- Other county response partners, if appropriate.

Initial notification of response partners should occur within 3 hours of the incident discovery. Incident information will be managed by the health department, or the County's Emergency Operations Center, depending on the size of the incident. The county partners will inform/update their respective partners at the regional and/or state level.

APPENDIX B: Meigs County Health Department Emergency Response Plan

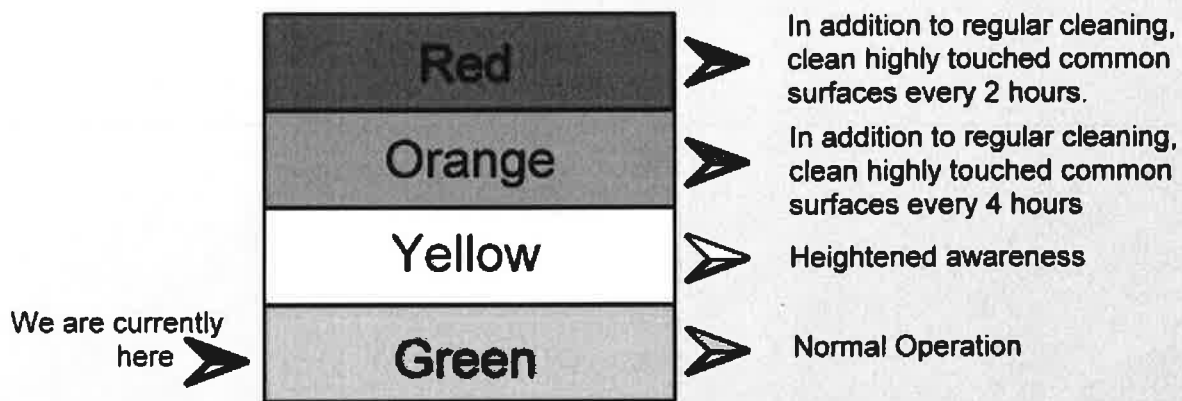
Methods for Disseminating Notifications & Alerts

The Health District will utilize multiple methods for disseminating notifications and alerts based on the Public Health Alert Action Level.

Public Health Alert Action Levels

Public Health Action Levels

Color-Coded Levels:



As the Health District gathers information from local businesses, healthcare providers, pharmacies and other sources concerning diseases in or affecting the county, an evaluation on the potential impact is made. According to the level of potential impact a color-coded level may be issued based on the situation.

During an emergency, i.e. if the Alert level is moved to Red, the Health Department will communicate the level to partners to assist on the appropriate responses and cleaning procedures.

The Public Health Alert level should not be used to scare people. This process should be used to adjust partner operating procedures accordingly to protect the public's health and the health of employees.

There is a shared responsibility between the facility and the Health District to exchange necessary information. This will enable partners and the Health Department to protect the public's health.

A summary of definitions for the Color-Coded Levels is as follows:

Level	Public Health Description	Facility Response for Norovirus	Method of Dissemination

APPENDIX B: Meigs County Health Department Emergency Response Plan

Level	Public Health Description	Facility Response for Norovirus	Method of Dissemination
RED	Outbreak Conditions	<ul style="list-style-type: none"> Norovirus is most likely being spread around the community Increase cleaning & disinfecting 	<ul style="list-style-type: none"> OPHCS Alert HAN Alert Website Phone Text
ORANGE	Above Normal Disease Level (population that has attended or had direct contact with large gatherings of people)	<ul style="list-style-type: none"> Several bodily fluid incidents within a short time Increased cleaning and awareness 	<ul style="list-style-type: none"> OPHCS Alert HAN Advisory Website Phone Text
YELLOW	Single or Low Disease Level (in locations that could allow rapid spread)	<ul style="list-style-type: none"> One bodily fluid incident 	<ul style="list-style-type: none"> OPHCS Message HAN Health Update
GREEN	Normal Disease Level	<ul style="list-style-type: none"> Normal standard operating procedures 	<ul style="list-style-type: none"> Website

Interoperable Communications

The Health District has access to multiple communication systems for county, regional, and statewide communication activities.

Health District redundant communication systems include:

- Land Line
- Mobile Phone/Cell Phone
- Fax
- Email
- Ohio Public Health Communication System (OPHCS)
- Multi-Agency Radio Communication System (MARCS)
- Meigs County Radio System

MCHD will utilize landline phones, cell phones, and e-mail as the primary means to communicate with local response organizations, regional partners and state response organizations. See II: Comm: Communications Matrix for more details.

In addition to the above communication systems, Amateur (HAM) radio operators may be requested through the Emergency Management Agency (EMA) Director as a communications resource external to the Health Department.

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ODH and Regional Coordination Center (RCC) should be notified to what alternate communications systems are being used and how to contact MCHD using them if the primary systems (landline, email) fail. (See II: Comm: MARCSUsageMatrix and II: Comm: OPHCSProtocols)

Essential Elements of Information and Situation Reporting

Essential Elements of Information (EEI) are made up of information gathered from a variety of input sources that come from a number of event-related systems, which help construct a timely picture and contribute to the development of Situational Awareness. EEI may lead to certain actions being taken or include information that may have cascading effects. Typically, they will be the “who, what, when, where, and why” of the emergency response.

EEI may be needed by first responders and emergency responders; emergency operations centers; stakeholders and partners; and the public.

An incident, depending on size and scope, can affect:

- ✓ **People:** This can be the general public, vulnerable populations, and populations with access and/or functional needs. It can include individuals who are non-English speakers, homeless or transitory, and tourists or out-of-towners. EEIs can affect decisions made in an emergency response or disease outbreak.
- ✓ **Systems:** This is hospitals and other healthcare systems, infrastructure, transportation, and communications. The incident may have an impact on these systems and lead to an inability to provide certain services.
- ✓ **Service Providers:** These are people who staff and provide services in the various systems. An incident or disaster may impact the ability of the service providers to serve affected populations.

While the emergence of a new and deadly disease in our community – or an outbreak – may not cause the initial infrastructure and property damage that a flood, tornado, or earthquake might, an outbreak, or even a single case, may have serious impacts in other ways. People are affected, possibly infected, and almost certainly afraid for their life. They also will fear for their loved ones. Hospitals and healthcare systems may become stressed or overwhelmed. People who provide services may react out of fear and fail to carry out their function of maintaining systems, thus negatively impacting the public and the ability of responders to manage the situation.

A disease outbreak or the presence of a feared disease like Ebola Hemorrhagic Viral Disease – regardless of the number of human infections – will almost certainly have short term effects (an initial strain on the healthcare system in managing the situation and even dealing with the worried-well; rushes on food, water, and medical supplies); and a long term effect (maintaining law and order in the community, the continued ability to provide services, stress on the stress on the healthcare system).

While they are similar, they may also differ and require the gathering of different types of information. In the short term, in addition to healthcare situations, EEIs should include a close monitoring of social media for rumors or incorrect information

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that may prove harmful; and watch for signs of "rushes" on food, water, and even health products. In the long run EEI should monitor potential barriers to the provisions of services and service provider's ability and willingness to provide critical services.

EEI should help to guide the actions of decision makers to ensure that the response addresses the fear a community will feel during a disease outbreak or the presence of a feared disease such as Ebola Hemorrhagic Viral Disease. The EEI may also help address possible shortages of supplies and/or personal protective equipment needed by service providers. Implementing Instruction: Communications: Situation Reporting has a more in-depth description of what the EEI are.

Jurisdiction-wide situation awareness can ensure that the maximum number of people requiring care receive safe and appropriate care, which may include, but not limited to, facilitating triage and /or distribution of people requiring care to appropriate facilities throughout the jurisdiction and providing appropriate support to these facilities to support the provision of optimal and safe care.

Situation Reports: The Health District will provide situation reports to the RCC and/or the ODH's Department Operations Center during any public health emergency that contains essential elements of information and requires the use of situation reports. A generic standard report has been developed due to the high variability of emergency situations, see: II: Comm: Situational Awareness. The Health District will work with the RCC and ODH on the exact type of information needed by those entities and will adapt the situation report according to the guidelines/requirements of the RCC and the ODH. See the HAN Directory and II: Comm: Notification and Staff Call-Down for a list of MCHD personnel and response partners that can serve as Subject Matter Experts (SME) related to the situation.

When an incident requires the mass dispensing of medical countermeasures, health departments may submit a weekly situation report of the medical countermeasure movement and availability to ODH through the Ohio Point of Dispensing (OPOD). This is a requirement if the medical countermeasure is obtained through State or Federal assets.

ODH has a Situational Portal through which local health departments can "read only" situational activities occurring at that state agency. Access to that portal is limited to health departments only. Access information to the situational portal can be found in implementing instruction (II): Comm: Situational Awareness.

PLAN DEVELOPMENT AND MAINTENANCE

Implementing Instructions

See the "Plan Development and Maintenance" section of the SCO Regional Public Health Emergency Response Plan - Base Plan.

Authorities and Reference

See the "Plan Development and Maintenance" section of the SCO Regional Public Health Emergency Response Plan - Base Plan.

TRAINING AND EXERCISE

The health department will ensure training for Interoperative Communications. Components of interoperative communications will be exercised monthly.

APPENDIX B: Meigs County Health Department Emergency Response Plan

Interoperative communications' training, exercise, and evaluation plan is contained in the Multi-Year Training and Exercise Plan.

Any Incident Action Plans and After Action/Corrective Action Plans will be submitted to the Regional Public Health Preparedness Coordinator and the ODH as requested or required.

IMPLEMENTING INSTRUCTIONS

II: Communications:	Location
Communications Matrix	x
County Radio System	x
HAN & Emergency Contacts	x
Incident Notification & Staff Call -Up	X
Internet Communications	X
Landlines & Mobile Phones	x
MARCS Usage & Matrix	x
OPOD	X
OPHCS Protocols	x
Situation Awareness	X
Skype Instructions	X
Technical Assistance for Communications	x

REFERENCES

Title	Location
OPHCS Quick Reference Guides for: <ul style="list-style-type: none"> • Message Response Results • Sending a Message • Updating Profile and Password • User Profile and Password Update Reports • User Training Video 	https://ophcs.odh.ohio.gov/welcome.php document library --> ODH → Office of Health Preparedness → communications → OPHCS support → quick reference guides →
OPHCS Help	https://ophcs.odh.ohio.gov/help/online.php or log into OPHCS and select "help center" in right upper corner of page.
MARCS Training Videos	https://ophcs.odh.ohio.gov/welcome.php document library --> ODH → Office of Health Preparedness → communications → MARCS Radio System → MARCS Training →

APPENDIX B: Meigs County Health Department Emergency Response Plan

Title	Location
MARCS Quick Guides <ul style="list-style-type: none"> • MARCS XTS 5000 • MARCS APX6500/APX 7500 	https://ophcs.odh.ohio.gov/welcome.php document library --> ODH → Office of Health Preparedness → communications → MARCS Radio System → MARCS Equipment → MARCS Quick Guides →

SUMMARY OF CHANGES

Date of Change	Version	Change #	Summary of Change	Initials
111715	2015	1	Added Essential Elements of Information definition/explanation to Situation Reporting on page 2.4 – 2.5.	SCO-SES
		2	Moved the submission of After Action Report/Improvement Plan to regional coordination center and the Ohio Department of Health statement from page 2.5 and placed it under the Training and Exercise section of the Annex on page 2.6.	SCO-SES
		3	OPHCS reference removed. New OPHCS reference added	SCO-SES
102516	2016	1	Verified acronym definitions within the document	SCO-SES
		2	Replaced OPHCS and MARCS references	SCO-SES
		3	Reviewed for "People-First" language	SCO-SES

SCO-SES SCO's health department PHEP Coordinators – Shannon E. Smith, PHEP

END OF DOCUMENT.

**APPENDIX C: MEIGS COUNTY HEALTH DEPARTMENT
EMERGENCY RESPONSE PLAN**

**ANNEX 3:
EMERGENCY PUBLIC INFORMATION
& WARNING**

Date Reviewed	Changes Made*	Signature/Title
03/18/2014	Y or N	Frank Gorscak ERC
03/25/2015	Y or N	Frank Gorscak ERC
3/11/2016	Y or N	Frank Gorscak ERC
3/15/2017	Y or N	Frank Gorscak ERC

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* Summary of Changes can be found at the end of this document.

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MEIGS COUNTY HEALTH DEPARTMENT EMERGENCY RESPONSE PLAN

I. PUBLIC EDUCATION

A. Pre-Event

The Health Department routinely provides public education on potential public health threats and preventative measures through brochures, press releases, meetings/educational events, Facebook, Twitter and the Health Department website. The Health Department will increase public information efforts for impending disaster situations with public health implications.

B. Post Event

The Health Department will assist in providing critical public health information to the media and public during emergency situations or disasters through media briefings, press releases, information lines, publicly dispersed fact sheets/flyers, Facebook, Twitter and the Health Department webpage. The goals of public information and warning activities, in response to emergency situations, are to provide accurate, timely, and consistent information to the public in order to prevent panic and to protect the health of the residents of Meigs County.

1. Special Populations

The Health Department will make the best effort possible to identify special/functional populations that are at-risk for certain disaster situations and target those populations for information releases. Due to the unique public health implications of schools (K-12) and nursing homes, especially regarding communicable diseases, they may be specifically targeted for public information releases or Health Department-organized educational functions for protective/preventative public health measures.

II. MEDIA/PUBLIC AFFAIRS

The Health Department will work with the media during a public health related emergency to establish press conference areas, media briefing times, and controlled on-scene access to the media, if possible. The Health Department PIO or designee(s) will monitor media outlets (Facebook, Twitter) for rumors or misinformation as well as determine the effectiveness of media communication efforts to address in future media briefings or press releases.

A. Designated Spokesperson

1. Primary: Meigs County Health Department Administrator
 - Secondary: Meigs County Health Department Health Commissioner
 - Tertiary: Emergency Response Coordinator
 - See: "II: EPI&W: Training Roster"
2. The Emergency Response Coordinator, functioning as the Public Information Officer, will coordinate the spokespersons.
3. All press conferences will be pre-approved by the Health Commissioner/Administrator.

B. Assessment

MEIGS COUNTY HEALTH DEPARTMENT EMERGENCY RESPONSE PLAN

The intensity and longevity of an emergency, disaster, or crisis will affect the requirements for public information and media relations resources, staff, and hours of operation. When a situation arises that has the potential to be a crisis, the PIO should begin gathering facts and information about the situation and alert the Administrator or Director of Nursing to the situation. An assessment of developing crises should be performed to determine the severity and prepare communications appropriately. (See II: EPI&W: Assessment Checklists).

C. Pre-Scripted Public Advisories

A list of pre-scripted public advisories and media releases regarding public safety and health, to be used in the emergency/disaster are provided for in the Public Information and Warning Implementing Instructions. The Health Commissioners approve these public advisories and media releases. However final authorization from the Health Commissioners or his/her designated person is required prior to release.

D. Crisis Communication Team

Depending on the nature of the crisis and the number of available staff, varying roles may be assigned to staff and staff may be assigned more than one role. The communication team is typically composed of the public health Triad (Health Commissioner and/or Administrator, Director of Environmental, Director of Nursing) and the Public Health Emergency Preparedness Coordinator. The Public Information Officer (PIO) should already be determined for each agency. The spokesperson for public health emergencies will be the Health Commissioner or Administrator or the spokesperson may be selected by other members of the crises communication team based on the situation and the selected individual's level of expertise regarding that situation. A list of team roles and responsibilities can be found in. (See II: EPI&W: Crisis Communication Team Roles).

E. Joint Information System

The Joint Information Center (JIC) may be comprised of Public Information Officers (PIOs) and Spokespersons from all the involved agencies, will determine:

- The Development of appropriate public announcements to address the emergency with a unified voice.
- Media Strategy.
- Designation of a JIC spokesperson.
- Issuance of media releases.
- If, when, and where news conferences will be held.
- Scheduling of regular media briefings (if needed).
- Dissemination of public information via hotline, newspaper, TV, radio, Internet, and pamphlets via the Unified Command at the EOC.
- Establishment of information forums for shelters, schools, churches, etc. to provide the public with information, education, and guidance as soon as possible.

MEIGS COUNTY HEALTH DEPARTMENT EMERGENCY RESPONSE PLAN

1. Local

In the event of a large-scale, multi-jurisdictional emergency, the JIC may be initiated under the direction of the Emergency Management Agency Director to coordinate information release among different responsible agencies. The JIC in Meigs County will open as part of the EOC, if activated.

Possible JIC locations within the county include the EOC (41859 Pomeroy Pike Pomeroy Ohio 45769), the County Courthouse (100 W. 2nd St. Pomeroy, Ohio 45769), or the Meigs County Health Department (112 E. Memorial Drive Suite A Pomeroy Ohio 45769). The Meigs County Health Department will provide a PIO to the EOC or JIC if requested by the EMA.

2. Regional

The Regional Coordination Center (RCC) will aid in the release of public information during regional emergency so that the counties within the region have unified messages to report to their local media and populations. Regional Public Health or the RCC may decide to activate a Regional JIC with PIO representation from the counties within the South-Central Ohio Region.

For smaller events or for other situations, in which a Regional JIC has not been established or is not functional, the Meigs County Health Department can coordinate directly with Athens and Gallia counties as their media sources are used by Meigs County Residents.

III. DISSEMINATION OF PUBLIC INFORMATION

Meigs County media outlets, such as the Daily Sentinel newspaper, WYVK-FM radio, WSAZ-TV, MCHD website, MCHD Facebook and Twitter, are the major outlets that reach Meigs County residents.

MCHD website, Facebook, Twitter, the Daily Sentinel and WYVK K92 FM radio are some of the primary media outlets the Health Department utilizes for press releases and PSA's.

A list of media contacts can be found in Meigs County Health Department Health Alert Network (HAN) Directory.

Special Consideration for Release of Public Information

1. Mass Patient Care

Communications between the health department and the medical facility (ies) will be established if, and when, it is determined that a mass patient care facility/area is needed to care for the sick, or wounded. Communications may be health department to medical facility, if the Emergency Operations Center (EOC) has not been opened.

Any mass patient care facility would likely be managed by area Hospitals. MCHD would assist in providing public information concerning:

- the mass patient care facility;
- where to find medical assistance; and

MEIGS COUNTY HEALTH DEPARTMENT EMERGENCY RESPONSE PLAN

- When to go to the hospital, or other medical facility.

See: Appendix 2: Community Containment for additional information.

2. Isolation

The name(s) of an individual(s) placed in isolation will not be released to the public without permission of the individual, unless there is an urgent need to identify potential unknown contacts that need to be treated or receive prophylaxis. The release of this information will be discussed and determined by the Health Commissioner and the medical facility at which the individual(s) are admitted. See: Appendix 2: Community Containment for additional information

3. Quarantine

The name(s) of an individual(s) placed in quarantine will not be released to the public without permission of the individual, unless there is an urgent need to identify potential unknown contacts that need to be treated or receive prophylaxis. The release of this information will be discussed and determined by the Health Commissioner, Health Director, Director of Nursing and the Health Board.

The information that may be released would include:

- Location/Area of quarantine;
- Reason for the quarantine, i.e., the disease; and
- Details, such as: the risk to the public, signs and symptoms of the disease, etc. may be released.

See: Appendix 2: Community Containment for additional information.

IV. DISSEMINATION OF INFORMATION TO RESPONSE PARTNERS

The Communication process and coordination between MCHD and our response partners are detailed in Annex 2: Interoperative Communications.

V. TRAINING AND EXERCISE

Training and exercising of this annex is discussed in the South Central Ohio Multi-Year Training and Exercise Plan.

VI. PLAN DEVELOPMENT AND REVIEW

This annex is reviewed and updated annually.

VII. IMPLEMENTING INSTRUCTIONS

Title	Location
II: EPI&W:	
Crises Communication Team Roles	ERC Office, MeigsPrime Server
Assessment Checklist	ERC Office, MeigsPrime Server
PIO Training Roster	ERC Office, MeigsPrime Server

MEIGS COUNTY HEALTH DEPARTMENT EMERGENCY RESPONSE PLAN

Pre-Scripted Public Advisories	ERC Office, MeigsPrime Server

VIII. EMERGENCY COMMUNICATIONS RESOURCES

Message Content	Website
CDC: Office of Communication:	www.cdc.gov/communication/default.htm
CDC: BT site	www.bt.cdc.gov
DHHS: Home	www.hhs.gov
DHHS: BT Factsheet	www.hhs.gov/news/press/2002pres/20020606a.html
DHHS: Office of Emergency Preparedness	ndms.dhhs.gov
DHS: Home	www.dhs.gov/dhspublic/
DHS: Emergency Preparedness	www.dhs.gov/dhspublic/theme_homeliso
DHS: Public Interest	www.ready.gov
D Justice: Office of Domestic Preparedness	www.op.usdoj.gov/odp
FEMA: CONPLAN	www.fema.gov/rrr/conplan
FEMA: Response and Recover	www.fema.gov/rrr
FEMA: Federal Response Plan	www.fema.gov/rrr/frp
American Red Cross: Home:	www.redcross.org
Model State Emergency Health Powers Act	www.publichealthlaw.net/MSEHPA/MSEFIPA/LegActivity050102.pdf
Training	Website
CDC: Public Health Training Network:	www.phppo.cdc.gov/phtn/default.asp
CDC: Emergency Risk Communication	www.cdc.gov/cdcynergy/emergency
FEMA: Emergency Management Institute (EMI)/U.S. Fire Administration (USFA)	http://training.fema.gov

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Message Content	Website
FEMA: Rapid Response Information System:	www.rris.fema.gov
FBI: Counterterrorism/Weapons of Mass Destruction Training	www.fbi.gov/hq/td/academy/ctwork12.htm
Professional Support	Website
Peter Sandman:	www.psandman.com/webpubs.htm
Vincent Covello:	http://centerforriskcommunication.org/

IX. REFERENCES

Title	Location
Effective Media Communications during Public Health Emergencies – World Health Organization Handbook and Field Guide	ERC Office, MeigsPrime Server
Crises and Emergency Risk Communication – Centers for Disease Control and Prevention	ERC Office, MeigsPrime Server
Electronic Library of Public Health Emergency Information	

SUMMARY OF CHANGES

3/18/2014 Footer date change

3/25/2015 Footer date change, added additional information lines and media outlets.

3/11/2016 Footer date change, spelling corrections, media additions

3/14/2017 Footer date change, people first

Appendix D: MCHD CLAS Policy

Providing Culturally and Linguistically Appropriate Services

Policy

Meigs County Health Department (MCHD) will provide effective, equitable, understandable and respectful quality public health services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs.

MCHD staff will treat all persons with courtesy and respect without regard to race, color, national origin, religion, gender, age, sexual orientation, disability, military status, marital status, income level, or insurance status. Services will be provided in manners that are responsive to the health care beliefs, practices, and needs of diverse clients and that advance health equity and reduce health care disparities.

MCHD staff will clearly and consistently communicate with clients in languages or forms they can reasonably understand. Communications will be facilitated by utilizing interpreters or other communication aides as needed, and by providing written materials in a client's preferred language.

MCHD will periodically conduct cultural self-assessment to determine the degree to which its values, policies, structures, and practices are culturally and linguistically competent and to develop a plan for further building competency. According to the *US Census Bureau*, approximately 97% of Meigs County, Ohio residents identify as White non-Hispanic.

Purpose

To establish internal standards and procedures that reflect the National Standards for Culturally and Linguistically Appropriate Services (CLAS).

Procedures

1. As part of the comprehensive Community Health Assessment process, senior management, supervisors, and the Maternal & Child Health Program (MCHP) director will:
 - a. Collect and maintain accurate and reliable demographic data to identify the languages and cultures that MCHD staff are most likely to encounter in the course of their duties.
 - b. Assess the resources available to assist staff in providing culturally competent services (e.g., types of interpretation and translation services available) and prepare a comprehensive list that all staff can access as needed.
 - c. Assess the cultural and linguistic competency of the MCHD staff annually, through CLAS self-assessment tools, such as the Ohio Department of Health's (ODH) *Self-Assessment of Culturally and Linguistically Appropriate Services*.
2. Senior management, supervisors, and the MCHP director will convene a workgroup to develop, implement, monitor, and revise an internal plan that reflects the MCHD's CLAS self-assessment.
 - a. One single CLAS plan will be created for the entire MCHD.

- b. This CLAS Plan will be utilized by all MCHD programs required to submit a CLAS Plan to the ODH as a grant requirement.
 - c. Senior management, supervisors, and the MCHP director will be responsible for collaborating with staff to implement, monitor, and update this plan at least annually.
 - d. The annual CLAS plan update will be provided to the Board of Health for its approval.
3. The Workforce Development Coordinator and Team will use the assessment data and CLAS Plan to inform workforce development activities outlined in the MCHD's Workforce Development Plan.
 - a. All staff shall participate in annual cultural competency/diversity training. This entails mandatory attendance that is recorded via sign-in attendance log, and will be kept on file with Workforce Development Coordinator.
 - b. Employees must submit a copy of any training certificate or attendance document to their supervisor or the Workforce Development Coordinator for placement in their personnel file.
 - c. Employee and immediate supervisor will monitor completion of cultural competency training by reviewing and maintaining a Training & Certification Record annually as part of the performance evaluation process.
 - d. New employees will be required to complete New Employee CLAS Orientation (as part of new employee orientation activities) performed by MCHP Director.
 4. Senior management, supervisors, and the MCHP director will convene a workgroup to assess and improve the information and education materials utilized by MCHD staff. This group will ensure Health Department educational materials meet the cultural and linguistic need of the populations being served. Information regarding cultural and linguistic questions on the client satisfaction survey, feedback from clients, and any other evaluation results will be shared with MCHD staff through staff meetings, email communication, or other methods as necessary.

Definitions

Language Line: An interpreter service available via telephone (1-800-752-6096) to be used when a qualified interpreter in the required language is not available. (Demonstration Line is 1-800-996-8808)

Cultural Competency: A developmental process in which individuals or institutions achieve increasing levels of awareness, knowledge, and skills along a cultural competence continuum. Cultural competence involves valuing diversity, conducting self-assessments, avoiding stereotypes, managing the dynamics of difference, acquiring and institutionalizing cultural knowledge, and adapting to diversity and cultural contexts in communities. (National CLAS Standards)

Culturally and Linguistically Appropriate Services (CLAS): Services that are respectful of and responsive to individual cultural health beliefs and practices, preferred languages, health literacy levels, and communication needs and used by all members of an organization (regardless of size) at every point of contact. (National CLAS Standards)

CLAS Standards: The National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care (The National CLAS Standards) aim to improve health care quality and advance health equity by establishing a blueprint for health and health care organizations.

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individuals may identify with multiple cultures over the course of their lifetimes. (National CLAS Standards)

Limited English Proficiency: A concept referring to a level of English proficiency that is insufficient to ensure equal access to public services without language assistance with respect to a particular type of service, benefit, or encounter. (National CLAS Standards)

Linguistic Competency: The capacity of individuals or institutions to communicate effectively at every point of contact. Effective communication includes the ability to convey information — both written and oral — in a manner that is easily understood by diverse groups, including persons of limited English proficiency, those who have low literacy skills or who are not literate, those having low health literacy, those with disabilities, and those who are deaf or hard of hearing. (National CLAS Standards)

References

National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care (The National CLAS Standards) <https://www.thinkculturalhealth.hhs.gov/Content/clas.asp>;
<https://www.thinkculturalhealth.hhs.gov/pdfs/EnhancedNationalCLASStandards.pdf>

APPROVED BY:



Marc Barr, Health Commissioner

7-11-17

Date



Roger Gaul, Board of Health President

7-11-17

Date

Appendices:

1. List of translators
2. Blank translator form
3. New employee checkoff
4. CLAS Strategic Plan template
5. ODH's CLAS Self-Assessment tool

Current Status:

Adoption:

Approved:

Last Revised:



Appendix E: MCHD Health Promotion Policy Planned Approach to Health Promotion Programs

Purpose: The intent of this document is to provide standardized guidance for developing and/or implementing health promotion programs.

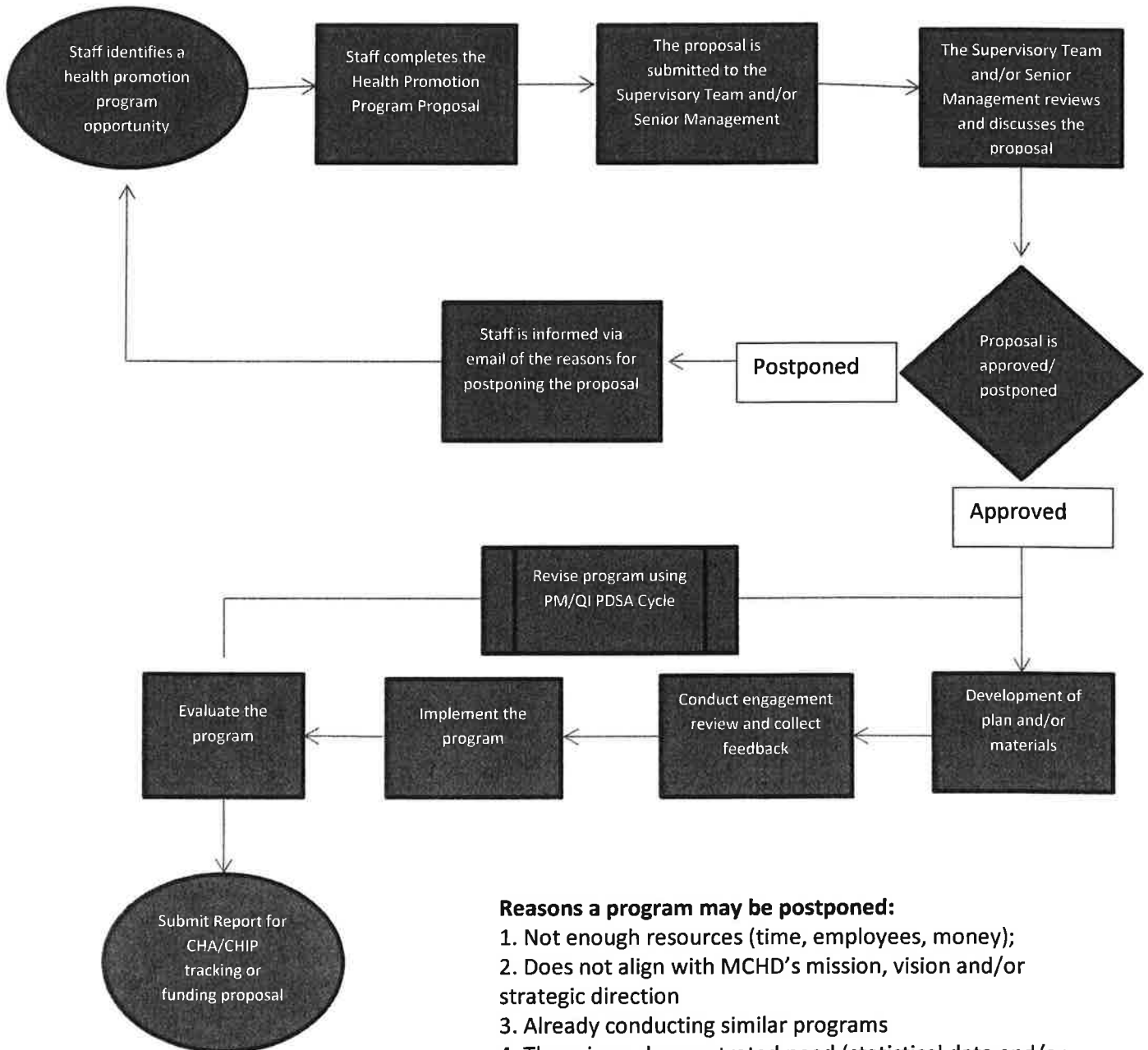
Policy: All staff developing or revising a health promotion program should follow the procedure and standard operating guidelines and utilize the flowchart on pg 2

Procedures & Standard Operating Guidelines:

1. All MCHD health promotion programs that are developed or revised shall take into account the following considerations during the planning process¹:

- A. The program aligns with the mission, vision and strategic plan of the MCHD;
- B. The program aligns with and supports local, agency, state, national and/or funding priorities;
- C. The program will utilize resources effectively and efficiently;
- D. The program addresses populations at a higher risk for poorer health outcomes in order to impact health inequities;
- E. The program considers inclusion of health equity factors for specific populations;
- F. The program considers community factors that encourage or discourage health;
- G. The program includes the use of evidence-based strategies and/or promising practices;
- H. The Supervisory Team and/or Senior Management approves or postpones all health promotion programs by determining if the program meets the needs of the community and the agency strategic direction;
- I. The target population was engaged in the design, development and implementation of the program;
- J. Program implementation strategies include collaboration with, or consideration of, partners and stakeholders;
- K. A program's development and implementation will include a program report to the Supervisory Committee and/or Senior Management at regular intervals. The Supervisory Committee and/or Senior Management will determine the reporting frequency for each program accordingly;
- L. The program includes plans for evaluation and continuous quality improvement
- M. The program will include results from engagement of the community through a form of input, review and/or feedback from the target audience; and

¹ Public Health Accreditation Board Standards and Measures [pdf]. (2013, December). Alexandria, VA: Public Health Accreditation Board.



Reasons a program may be postponed:

1. Not enough resources (time, employees, money);
2. Does not align with MCHD’s mission, vision and/or strategic direction
3. Already conducting similar programs
4. There is no demonstrated need (statistical data and/or community perception)
5. Program is not rooted in sound theory, evidence and/or promising practices
6. Program proposal needs revisions

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Appendices:

Appendix A: Health Promotion Program Proposal

Appendix B: Commonly used acronyms

Signatures:

I have reviewed this document and endorse it as official MCHD Policy and Procedure:

X Marc Barr

Marc Barr, MS
MCHD Health Commissioner

02/13/2018

X Roger C. Gaul

Roger Gaul
Board of Health President

02/13/2018

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Health Promotion Program Proposal

Purpose:

Does this program support the MCHD's mission, vision and/or strategic direction? Please explain.

Does this program address at least one of the priorities identified in the Community Health Improvement Plan? Please list and explain.

Does this program align with local, agency, state, national and/or funding priorities? Please list and explain.

Please provide 2-3 sentences describing the purpose and expected benefits of this project.

Please provide the intended costs and budget of the program and explain how the program will be sustained.

Methodology:

Is this program rooted in sound theory, evidence-based practices and/or promising practices? Please explain.

Who is the target population? What is the reason for this target audience? Please explain.

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Does this project provide social, cultural and/or linguistic opportunities for the various populations the MCHD serves? Characteristics such as social, racial, ethnic, cultural, sexual orientation and gender identity, linguistic characteristics, including non-English speaking populations, and the disabled must be addressed. Please explain.

How will the target audience from the community be engaged for input, review and feedback during the development of this program? Please explain.

What are the social and/or environmental factors this project will focus on mitigating that create poor health, discourage good health, or encourage individual behavioral factors that have a negative impact on health? Factors include social determinants of health, existing policies, the built environment, and/or accessibility. Please list.

How will this program be implemented with stakeholders, partners and/or the community? Please explain.

How will this program be evaluated? Please explain.

Additional comments:

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Upon approval a reporting timeframe will be established for this program by the program director and the supervisory team and/or senior management.

Reports should include:

- One piece of documentation that demonstrates input and/or community feedback provided from the target audience and/or an advisory group representing the target audience related to the development of the program. (If applicable.)
- One piece of documentation that demonstrates implementation was carried out with stakeholders, partners and/or the community. (If applicable.)
- A statement describing the impact the program has had in the community. (If applicable.)

This Health Promotion Program proposal has been **Approved** by the MCHD Supervisory Team and/or Senior Management.

This Health Promotion Program proposal has been **Postponed** by the MCHD Supervisory Team and/or Senior Management.

X

MCHD Administrator
Date:

Reviewed by the Supervisory Team and/or
Senior Management

Please initial and date

Health Commissioner

Administrator

Director of Nursing

Director of Environmental

Fiscal Officer

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Commonly Used Acronyms

CHA- Community Health Assessment

CHIP- Community Health Improvement Plan

MCHD- Meigs County Health Department

PDSA- Plan, Do, Study, Act Cycle

PM/QI- Performance Management/ Quality Improvement

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APPENDIX F: MCHD Health Equity Policy

Health Equity Policy

Section 1: Definitions

Health Disparity: Inequities that occur in the provision of healthcare and access to healthcare across different racial, ethnic and socioeconomic groups.

Health Equity: A state where all persons, regardless of race, income, creed, sexual orientation, gender identification, age or gender are able to be as healthy as they can – to reach their full “health potential.”

Health Inequity: A health disparity based on inequitable, socially-determined circumstances.

Social Determinants of Health: A state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity. Contributing factors that describe social determinants of health include: income and social status; social support networks; education and literacy; social environments; physical environments; health services; personal health practices and coping skills; healthy child development; biology and genetic endowment; culture; gender.

Section 2: Purpose

Meigs County Health Department (MCHD) is uniquely positioned to understand the inequities in its jurisdiction and bring people together to shape more equitable communities throughout the County.

Health inequities result from inequities in the social determinants of health, which in turn result from racial and other forms of oppression and power imbalances. The MCHD faces numerous challenges in tackling these root causes of health inequities, including risk-averse leadership, political pushback, perceptions of the limits of scope of public health practice, and lack of capacity and resources. Advancing equity, therefore, requires “inside” and “outside” strategies. MCHD leadership and staff must first build their understanding of equity, power, and oppression and then act on that understanding. But by itself the MCHD will never have enough power to advance equity, so work outside the department is also necessary. MCHD must build relationships and work closely with community groups and others that can use their democratic rights to advocate for change and hold the agency and others in government accountable to their needs.

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The Health Policy Institute of Ohio reports that adults in Appalachian Counties such as Meigs County are more likely to live in poverty; lack a high school diploma, not be working, be enrolled in Medicaid and be uninsured. They are more likely to be smokers, obese, have high blood pressure and diabetes mellitus, and to have ever had a heart attack. These findings, which are consistent with those in the 2015 Meigs County General Health District Community Health Assessment, provide evidence for the MCHD to work with community partners to shape their understanding of health and healthcare needs of different populations. Data will be used to form strategies for reaching those populations in communities and improving their health.

Section 3: Our beliefs

Racial and social justice: MCHD recognizes that systems and policies must be changed to eliminate racism and other injustices in order to achieve equity.

Community power: MCHD prioritizes the expertise of communities and aims to strengthen the capacity of communities to create their own healthy futures.

Accountability: MCHD strives to build trust with communities, partners and colleagues by owning our biases and respectfully challenging assumptions and stereotypes.

Diversity and inclusion: MCHD believes that every person - no matter their race, ethnicity, gender identity, sexual orientation, language, religion or ability - has the right to access culturally relevant information, resources and services that result in optimal health outcomes.

Section 4: MCHD Practices

1. **Build a shared understanding of and commitment to health equity.**
 - A. Conduct and/or participate in Community Health Assessments.
 - B. Conduct and/or participate in Community Health Improvement Planning.
 - C. Provide health education and promotion.
 - D. Engage with elected officials in the process of advancing health equity.

2. **Develop organizational knowledge and skills to advance health equity.**
 - A. Select and use a resource from the online Resource Library for Advancing Health Equity in Public Health.
 - B. Create a safe space for staff to start engaging in conversations about poverty, class, racism, sexism, and other challenging issues that affect the possibility of achieving health equity in our communities.
 - C. Prepare the Board of Health and staff to expect and accept that some tension will accompany efforts to advance health equity.

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- D. Train staff annually on the national Culturally and Linguistically Appropriate Services (CLAS) Standards. (The standards offer a framework to address the structural, clinical, and organizational barriers that contribute to health disparities. The CLAS Standards address six areas: Foster cultural competence; Build community partnerships; Collect and share diversity data; Benchmark: plan and evaluate; Reflect and respect diversity; Ensure language access.) The MCHD CLAS Initiative develops and implements the CLAS Standards within MCHD.
- E. Identify and develop multiple competencies essential for advancing health equity (i.e. personal attributes; listening skills; a commitment to health and equity for all; understanding the social, environmental and structural determinants of health; knowledge of affected communities; collaborative and community organizing skills; cultural competency and humility.
- F. Train staff to use language translation resources and services
- G. Provide staff with general tips for interacting with a deaf or hard of hearing person.
- 3. Align programs and resources with the organization commitment to health equity.**
- A. Incorporate health equity into MCHD policies, processes, programs, and budgets.
- B. Integrate health equity into urgent/non-urgent communications policies; health education and promotion policies; staff recruitment, retention and training policies.
- 4. Work in true partnership across communities.**
- A. Include and engage authentically with people of color; those in poverty; immigrants; American Indians and others experiencing health inequities.
- B. Build and maintain sustaining relationships with the populations listed in 4A via community assessment and planning, health education and promotion.
- C. Understand and address barriers to healthcare access.
- D. Make efforts to change policy.
- E. Recognize and celebrate the benefits brought to the community by all populations including those experiencing health inequities and share findings with others.
- 5. Improve data collection, analysis and use of data to advance health equity.**
- A. Expand data collection to include information about smaller ethnic and cultural communities.
- B. Use data that focuses on the conditions that create health.
- C. Incorporate qualitative data to identify root causes of health inequities and to lead to solutions.
- D. Engage the community to understand what the data says.
- E. Use visuals, stories and community voices to make data compelling and actionable.

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6. **Work at the policy level to advance health equity.**
 - A. Work with people outside of health on policies that shape the social and economic conditions in which people go about their daily lives (i.e. planning, recreation, transportation, education, public safety).
 - B. Maintain an awareness of a broad range of policies under consideration; identify policy solutions; engage, inform and influence those who set policies.
7. **Monitor MCHD efforts to advance health equity and hold itself accountable for making progress.**

Section 5: PHAB Standards

The practices for advancing health equity outlined in this policy are evident throughout the PHAB standards and measures (including community engagement, using data, working with elected officials, and monitoring policies for potential health impacts); meanwhile, health equity is explicitly addressed in Measure 3.1.1: The Health Department must document efforts to address health equity.

APPROVED BY: *Mark Barr* 1/9/18
Health Commissioner Date

APPROVED BY: *Rogal. Hall* 1/9/18
Board of Health President Date

K. CHANGES AND AMENDMENTS

This policy is subject to change without notice.

SOCIAL NETWORKING**SECTION 7.22**

- A. Purpose: The purpose behind this policy is to make an employee aware of his or her privacy rights and prohibited conduct with respect to an employee's actions and its impact on the Meigs County General Health District when using social networking sites on and off duty. Moreover, this policy is intended to ensure efficient use of employee time and to minimize any distraction from an employee's assigned tasks and duties. It will also allow the employer to ensure that employer rules are followed and all employees are treated fairly and consistently. Employees shall remember they are paid by public funds and the public holds them to a higher standard of professionalism. The Employer has an overriding interest and expectation in deciding what is "spoken" on behalf of the Employer. This policy is not meant to infringe on one's right to free speech, rights under R.C. 4117, or any other protected activity.
- B. Scope: All employees will be subject to and held accountable for any conduct outlined in the Social Networking Policy. This policy works in conjunction with other related personnel policies and procedures.
- C. Consent: An employee's use of such technology constitutes consent to being monitored by the employer.
- D. Social Networking refers to the use of websites such as, but not limited to, Facebook, Myspace, Twitter, LinkedIn, Flickr, and Instagram. For purposes of this policy, Blogs and other internet forums of communication will also be referenced. Nothing in this policy is meant to prohibit access to any website or Blog which may be work-related as approved by the health commissioner or designee.
- E. Policy.
1. On-duty Conduct: While at work, an employee may only access social networking websites, Blogs and/or other internet forums of communication during their lunch or breaks. This includes access from a personal cellular device (e.g., Blackberry device, smartphone, iPhone, etc.) during an employee's hours of work. Employees found to have violated this policy may be subject to discipline up to and including termination.
 2. On-/Off-duty Conduct: An employee enjoys no expectation of privacy to any information posted into cyberspace even while off duty. This includes anything posted to a social networking website, Blog, or other similar internet forum of communication. Although information may be posted to a "private" webpage, the employee should be aware this information can still be accessed by the public and other sources in a number of ways. Because of this, an employee needs to use "common-sense" when posting comments, photos, opinions, or any other information related to his or her employment. Any social media/networking

activity which portrays the Employer in a negative light will be evaluated and may result in disciplinary action up to and including termination. Examples of prohibited conduct (but not limited to) are as follows:

- a. Posting one's photograph while wearing the employer's uniform (or other similar attire, which could be misidentified as the official uniform) without the express permission of a supervisor.
 - b. Posting pictures, videos, or comments that are insubordinate with respect to the employee's employment.
 - c. Posting pictures, videos, or comments that constitute or could be construed as unlawful behavior.
 - d. Knowingly or recklessly posting false information about the employer, supervisors, coworkers, public officials, or those who have a relationship with the employer. This also includes disparagement of a fictitious character or computer-generated likeness that resembles the above.
 - e. Posting, transmitting, or disseminating any pictures or videos of official training, activities, or work-related assignments without the express permission of a supervisor.
 - f. Posting pictures, videos, or comments that are sexual, violent, offensive, harassing, or pornographic in nature along with any reference to the employer or individual's employment.
3. Employees shall not imply they are speaking on behalf of the employer and shall include a disclaimer when speaking on certain matters affecting the employer or the employee's employment.
 4. Confidential Information: An employee shall not disclose any confidential or proprietary information on any social networking website, Blog, or other internet forum of communication. This includes information that may eventually be obtained through a valid public record's request.
- F. Employees shall sign the Acknowledgement (Form GG in the forms section of this manual). Employees found to have violated any part of this policy may be subject to discipline up to and including termination.
- G. Any deviation from the above policy shall be approved by the employer.
- H. Any questions regarding the policy should be directed to the employee's immediate supervisor.
- I. Employees shall take note of the following: DELETE DOES NOT MEAN DELETE. Once something is posted into cyberspace it remains there.