Essential Service 3: Inform, Educate, and Empower People about Health Issues

How well do we keep all segments of our community informed about health issues?

Informing, educating, and empowering people about health issues encompass the following:

- Creating community development activities.

- Establishing social marketing and targeted media public communication.

- Providing accessible health information resources at community levels.

- Collaborating with personal healthcare providers to reinforce health promotion messages and programs.

- Working with joint health education programs with schools, churches, worksites, and others.

Partners gathered to discuss the performance of the local public health system (LPHS) in informing, educating, and empowering people about health issues include:

- [ ] The local health department or other governmental public health agency.
- [ ] The local board of health or other local governing entity.
- [ ] Hospitals.
- [ ] Public and private schools.
- [ ] Colleges and universities.
- [ ] Health educators.
- [ ] Local businesses and employers.
- [ ] Managed care organizations.
- [ ] Faith-based organizations.
- [ ] Non-profit organizations/advocacy groups.
- [ ] Civic organizations.
- [ ] Neighborhood organizations.
- [ ] Other community/grassroots organizations.
- [ ] Public Information Officers.
- [ ] Media.

Model Standard 3.1: Health Education and Promotion

The LPHS designs and puts in place health promotion and health education activities to create environments that support health. These promotional and educational activities are coordinated throughout the LPHS to address risk and protective factors at the individual, interpersonal, community, and societal levels. The LPHS includes the community in identifying needs, setting priorities, and planning health promotional and educational activities. The LPHS plans for different reading abilities, language skills, and access to materials.

To accomplish this, members of the LPHS work together to:

- Provide policymakers, stakeholders, and the public with ongoing analyses of community health status and related recommendations for health promotion policies.

- Coordinate health promotion and health education activities at the individual, interpersonal, community, and societal levels.

- Engage the community in setting priorities, developing plans, and implementing health education and health promotion activities.

Discussion Questions for Model Standard 3.1

Involvement

  (a) How many of you provide information on community health to the general public, policymakers, and public and private stakeholders?

  (b) How do your organizations work together to plan, conduct, and implement health education and promotion activities?

  (c) How do your organizations work with others beyond your usual LPHS partners on specific health promotion activities (e.g., supermarkets and nutrition interventions)?

  (d) How do LPHS entities work with community advocates and local media outlets to publicize health promotion activities (e.g., campaigns about the public health effects of laws, media campaigns)?

Quality and Comprehensiveness

  (a) Are the health education and health promotion campaigns based on sound theory, evidence of effectiveness, and/or best practice?

  (b) How do organizations in the LPHS support healthy behavior?

  (c) How do organizations in the LPHS tailor campaigns for populations with higher risk of negative health outcomes?

  (d) How do organizations in the LPHS design campaigns to reach populations in specific settings?

  (e) How are the health education programs and health promotion campaigns evaluated?

Usability

  (a) How are evaluation results used to revise and strengthen the programs?

Performance Measures for Model Standard 3.1

At what level does the LPHS...

3.1.1 Provide policymakers, stakeholders, and the public with ongoing analyses of community health status and related recommendations for health promotion policies?

No Activity	Minimal	Moderate	Significant	Optimal
◯	◯	◯	◯	◯

3.1.2 Coordinate health promotion and health education activities at the individual, interpersonal, community, and societal levels?

No Activity	Minimal	Moderate	Significant	Optimal
◯	◯	◯	◯	◯

3.1.3 Engage the community throughout the process of setting priorities, developing plans, and implementing health education and health promotion activities?

No Activity	Minimal	Moderate	Significant	Optimal
◯	◯	◯	◯	◯

Discussion Notes for Model Standard 3.1			
Strengths	**Weaknesses**	**Short-Term Improvement Opportunities**	**Long-Term Improvement Opportunities**

Model Standard 3.2: Health Communication

The LPHS uses health communication strategies to contribute to healthy living and healthy communities that include the following: increasing awareness of risks to health; ways to reduce health risk factors and increase health protective factors; promoting healthy behaviors; advocating organizational and community changes to support healthy living; increasing demand and support for health services; building a culture where health is valued; and creating support for health policies, programs, and practices. Health communication efforts use a broad range of strategies, including print, radio, television, the Internet, media campaigns, social marketing, entertainment education, and interactive media. The LPHS reaches out to the community through efforts ranging from one-on-one conversations to small group communication, to communications within organizations and the community, and to mass media approaches. The LPHS works with many groups to understand the best ways to present health messages in each community setting and to find ways to cover the costs.

To accomplish this, members of the LPHS work together to:

- Develop health communication plans for media and public relations and for sharing information among LPHS organizations.

- Use relationships with different media providers (e.g., print, radio, television, and the Internet) to share health information, matching the message with the target audience.

- Identify and train spokespersons on public health issues.

Discussion Questions for Model Standard 3.2

Involvement

   (a) How many of your organizations have developed health communication plans?

   (b) How do your organizations work collaboratively to link the communication plans to one another?

Usability

   (a) What policies and procedures are in place to coordinate responses and public announcements related to public health issues?

Quality and Comprehensiveness

   (a) Do the communications plans include policies and procedures for creating, approving, sharing, and disseminating information with partners and key stakeholders?

   (b) How are different sectors of the population identified in order to create targeted public health messages for various audiences?

   (c) How does the LPHS coordinate with local media to develop information or features on health issues?

   (d) What mechanism is are in place to document and respond to public inquiries?

   (e) Who, if anyone, has been designated as Public Information Officers (PIOs) to provide important health information and answers to public and media inquiries?

   (f) How are designated spokespersons trained in providing accurate, timely, and appropriate information on public health issues for different audiences?

Performance Measures for Model Standard 3.2

At what level does the LPHS...

3.2.1 Develop health communication plans for media and public relations and for sharing information among LPHS organizations?

No Activity	Minimal	Moderate	Significant	Optimal
○	○	○	○	○

3.2.2 Use relationships with different media providers (e.g., print, radio, television, the Internet) to share health information, matching the message with the target audience?

No Activity	Minimal	Moderate	Significant	Optimal
○	○	○	○	○

3.2.3 Identify and train spokespersons on public health issues?

No Activity	Minimal	Moderate	Significant	Optimal
○	○	○	○	○

Discussion Notes for Model Standard 3.2			
Strengths	**Weaknesses**	**Short-Term Improvement Opportunities**	**Long-Term Improvement Opportunities**

Model Standard 3.3: Risk Communication

The LPHS uses health risk communications strategies to allow individuals, groups, organizations, or an entire community to make optimal decisions about their health and well-being in emergency events. The LPHS recognizes a designated Public Information Officer (PIO) for emergency public information and warning. The LPHS organizations work together to identify potential risks (crisis or emergency) that may affect the community and develop plans to effectively and efficiently communicate information about these risks. The plans include pre-event, event, and post-event communication strategies for different types of emergencies.

To accomplish this, members of the LPHS work together to:

- Develop an emergency communications plan for each stage of an emergency to allow for the effective creation and dissemination of information.

- Make sure that systems and mechanisms are in place and enough resources are available for a rapid emergency communication response.

- Provide crisis and emergency communication training for employees and volunteers.

Discussion Questions for Model Standard 3.3

Involvement

(a) Who is involved in or aware of the LPHS emergency communications plans?

(b) How do multiple agencies coordinate emergency communication planning within the LPHS?

Quality and Comprehensiveness

(a) Can the emergency communication plans be adapted to different types of emergencies (e.g., disease outbreaks, natural disasters, bioterrorism)?

(b) Do the plans include established lines of authority, reporting, and responsibilities for emergency communications teams in accordance with the National Incident Management System (NIMS)?

(c) How do the plans alert communities, including special populations, about possible health threats or disease outbreaks?

(d) How do the plans provide information from emergency operation center situation reports, health alerts, and meeting notes to stakeholders, partners, and the community?

(e) What type of technology is in place to ensure rapid communication response? (e.g., local Health Alert Network, reverse 911 warning system, local public service announcements (PSAs), broadcast text, email, and fax, social networks, etc.)

(f) What staff persons are available to develop or adapt emergency communications materials and to provide communications for all stakeholders and partners in the event of an emergency?

(g) What type of crisis and emergency communications training is available within the LPHS for new and current staff?

(h) How does the LPHS maintain a directory of emergency contact information for media liaisons, partners, stakeholders, and Public Information Officers?

Performance Measures for Model Standard 3.3

At what level does the LPHS...

3.3.1 Develop an emergency communications plan for each stage of an emergency to allow for the effective dissemination of information?

No Activity	Minimal	Moderate	Significant	Optimal
◯	◯	◯	◯	◯

3.3.2 Make sure resources are available for a rapid emergency communication response?

No Activity	Minimal	Moderate	Significant	Optimal
◯	◯	◯	◯	◯

3.3.3 Provide risk communication training for employees and volunteers?
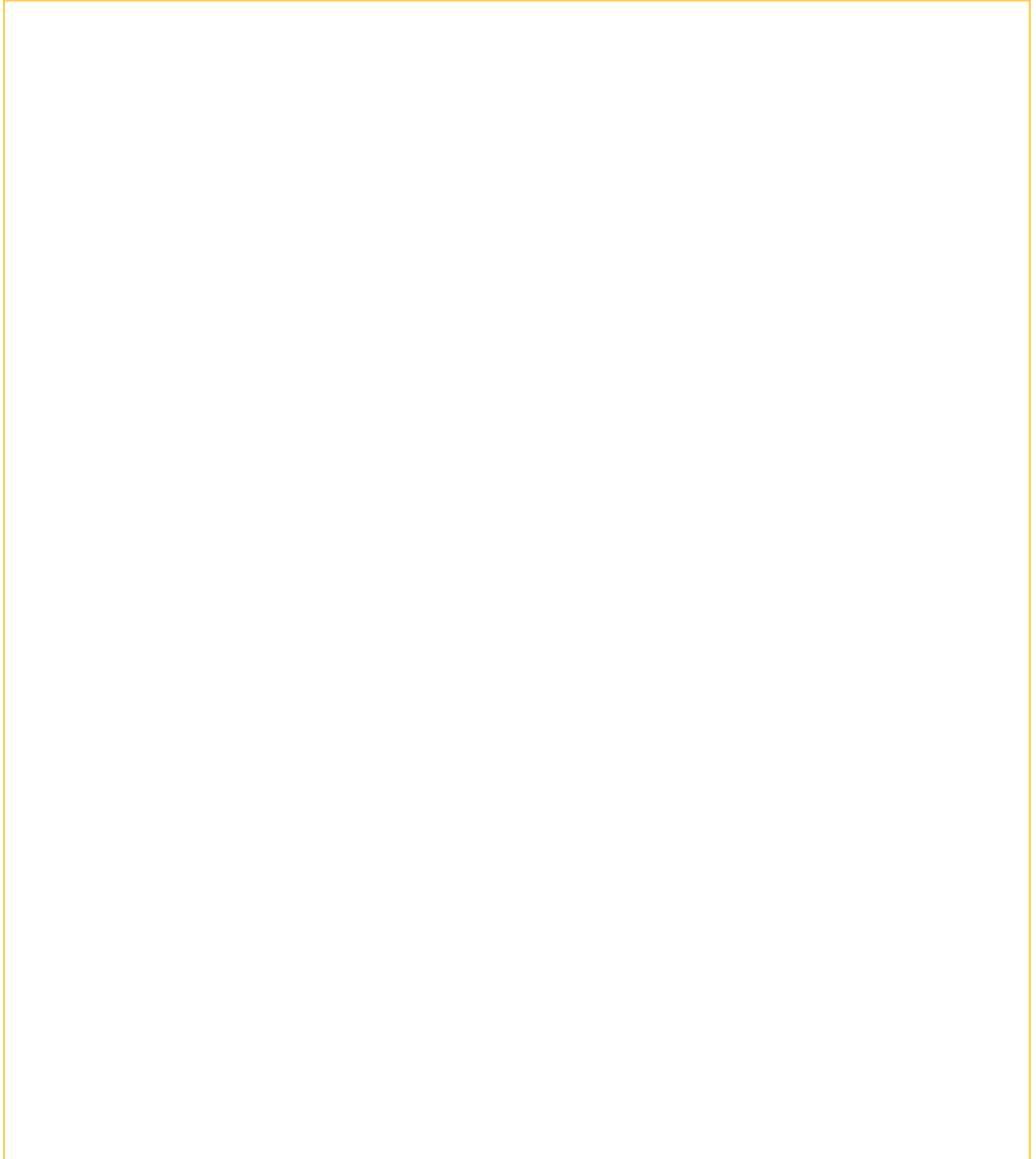
No Activity	Minimal	Moderate	Significant	Optimal
◯	◯	◯	◯	◯

Discussion Notes for Model Standard 3.3			
Strengths	**Weaknesses**	**Short-Term Improvement Opportunities**	**Long-Term Improvement Opportunities**

Essential Service 3
Summary Notes

Use the space below to record notes on details, additional ideas, or synthesis across discussion notes that apply to the Essential Service as a whole. These notes may be helpful and applicable to some or all of the Model Standards in this Essential Service.

Essential Service 4: Mobilize Community Partnerships to Identify and Solve Health Problems

How well do we truly engage people in local health issues?

Mobilizing community partnerships to identify and solve health problems encompasses the following:

- Convening and facilitating partnerships among groups and associations (including those not typically considered to be health related).

- Undertaking defined health improvement planning process and health projects, including preventive, screening, rehabilitation, and support programs.

- Building a coalition to draw on the full range of potential human and material resources to improve community health.

Partners gathered to discuss the performance of the local public health system (LPHS) in mobilizing community partnerships to identify and solve health problems include, but is not limited to:

- [ ] The local health department or other governmental public health agency.
- [ ] The local board of health or other local governing entity.
- [ ] Hospitals and clinics.
- [ ] Public and private schools.
- [ ] Colleges and universities.
- [ ] Health educators.
- [ ] Local businesses and employers.
- [ ] Managed care organizations.
- [ ] Faith-based organizations.
- [ ] Non-profit organizations/advocacy groups.
- [ ] Civic organizations.
- [ ] Neighborhood organizations.

- [ ] Other community/grassroots organizations.
- [ ] Public Information Officers.
- [ ] Media.
- [ ] Community members.
- [ ] Substance abuse or mental health organizations.
- [ ] City and county governmental agencies.
- [ ] Ministerial alliances.
- [ ] United Way.
- [ ] Worksite wellness councils.
- [ ] Local chambers of commerce.
- [ ] State and federal programs.
- [ ] Health-related coalition leaders.

Model Standard 4.1: Constituency Development

The LPHS actively identifies and involves community partners—the individuals and organizations (constituents) with opportunities to contribute to the health of communities. These stakeholders may include health, transportation, housing, environmental, and non-health related groups, and community members. The LPHS manages the process of establishing collaborative relationships among these and other potential partners. Groups within the LPHS communicate well with one another, resulting in a coordinated, effective approach to public health, so that the benefits of public health are understood and shared throughout the community.

To accomplish this, members of the LPHS work together to:

- Follow an established process for identifying key constituents related to overall public health interests and particular health concerns.

- Encourage constituents to participate in CHA, planning, and improvement efforts.

- Maintain a complete and current directory of community organizations.

- Create forums for communication of public health issues.

Discussion Questions for Model Standard 4.1	

Awareness
 	
   (a) How is awareness regarding the importance of public health issues developed with the community-at-large and organizations within the LPHS?
 	
 Involvement
 	
   (a) What organizations are active parts of the LPHS?
 	
   (b) How are new individuals/groups identified for constituency building?
 	
   (c) How are constituents encouraged to participate in improving community health?
 	
   (d) How are community members engaged to improve health?
	Quality and Comprehensiveness
	
	   (a) Does the LPHS maintain a current and accessible directory of organizations that comprise it?
	
	   (b) What is the LPHS' process for identifying key constituents or stakeholders?
	
	   (c) How does the LPHS maintain names and contact information for individuals and key constituent groups?
	
	 Usability
	
	   (a) How accessible is the directory of LPHS organizations?
	
	   (b) How does the LPHS create forums for communication of public health issues?

Performance Measures for Model Standard 4.1

At what level does the LPHS...

4.1.1 Maintain a complete and current directory of community organizations?

No Activity	Minimal	Moderate	Significant	Optimal
○	○	○	○	○

4.1.2 Follow an established process for identifying key constituents related to overall public health interests and particular health concerns?

No Activity	Minimal	Moderate	Significant	Optimal
○	○	○	○	○

4.1.3 Encourage constituents to participate in activities to improve community health?

No Activity	Minimal	Moderate	Significant	Optimal
○	○	○	○	○

4.1.4 Create forums for communication of public health issues?

No Activity	Minimal	Moderate	Significant	Optimal
○	○	○	○	○

Discussion Notes for Model Standard 4.1			
Strengths	**Weaknesses**	**Short-Term Improvement Opportunities**	**Long-Term Improvement Opportunities**

Model Standard 4.2: Community Partnerships

The LPHS encourages individuals and groups to work together so that community health may be improved. Public, private, and voluntary groups—through many different levels of information sharing, activity coordination, resource sharing, and in-depth collaborations—strategically align their interests to achieve a common purpose. By sharing responsibilities, resources, and rewards, community partnerships allow each member to share its expertise with others and strengthen the LPHS as a whole. A community group follows a collaborative, dynamic, and inclusive approach to community health improvement; it may exist as a formal partnership, such as a community health planning council, or as a less formal community group.

To accomplish this, members of the LPHS work together to:

- Establish community partnerships and strategic alliances to provide a comprehensive approach to improving health in the community.

- Establish a broad-based community health improvement committee.

- Assess how well community partnerships and strategic alliances are working to improve community health.

Discussion Questions for Model Standard 4.2	
Involvement	**Quality and Comprehensiveness**
(a) What types of partnerships exist in the community to maximize public health improvement activities?	(a) In what types of activities does the LPHS engage?
(b) How do organizations within these partnerships interact?	(b) How does the LPHS review the effectiveness of community partnerships and strategic alliances?
(c) If there is a broad-based community health improvement committee, what does the committee do?	

Performance Measures for Model Standard 4.2

At what level does the LPHS...

4.2.1 Establish community partnerships and strategic alliances to provide a comprehensive approach to improving health in the community?

No Activity	Minimal	Moderate	Significant	Optimal
○	○	○	○	○

4.2.2 Establish a broad-based community health improvement committee?

No Activity	Minimal	Moderate	Significant	Optimal
○	○	○	○	○

4.2.3 Assess how well community partnerships and strategic alliances are working to improve community health?

No Activity	Minimal	Moderate	Significant	Optimal
○	○	○	○	○

Discussion Notes for Model Standard 4.2			
Strengths	**Weaknesses**	**Short-Term Improvement Opportunities**	**Long-Term Improvement Opportunities**

Essential Service 4
Summary Notes

Use the space below to record notes on details, additional ideas, or synthesis across discussion notes that apply to the Essential Service as a whole. These notes may be helpful and applicable to some or all of the Model Standards in this Essential Service.