

# **AGENCY COMMUNICATION PLAN**

December 2016 First edition

# **Document Revision Page**

Review and Maintenance of the Communication Plan: This plan was approved on Month/Date/Year by the Cuyahoga County Board of Health (Resolution No XXXXX-2016). This document will be reviewed annually unless more frequent updates are required. The reviewer will add the review date and any changes in the table below and maintain a printed copy of the plan in a binder, replacing pages as needed. The binder will be located in the Administrative Service Area in the office of the Communications Officer. An electronic version of this plan and all supporting documentation is located at T:\folder\document name. Staff is informed by e-mail of the location of plans annually and when significant changes are made.

Date	Revision Number	Description of Change	Pages Affected	Reviewed/ Changed By

# **TABLE OF CONTENTS**

Agency overview	5
Introduction	6
Equity, Diversity and Inclusion Committee	8
Health Improvement Partnership-Cuyahoga	10
Targeted stakeholders	11
Branding and connectivity	14
Style guide	16
Key messages	20
Outreach materials and methods	21
Communications personnel	27
Agencywide strategic plan	29
Media preparation and interaction	32
Media relations	34
Media training	36
Press release	37
Press conference	39
Disease outbreak	41
After-hours availability	43

# **TABLE OF CONTENTS**

Appropriate representation	45
APPENDICES	
I - Public records	46
II - Document revision	47
III - Establishing your message	48
IV - Press release template	49
V - Press kit checklist	50
VI - Press conference checklist	51
VII - Cleveland Hearing & Speech Center webpage	53
VIII - Language Line webpage	54
IX - Most commonly-spoken languages	55
X - Media contact list	56
XI - References to PHAB accreditation requirements	59

## **Agency overview**

#### **AGENCY MISSION**

To work in partnership with the community to protect and improve the health and well-being of everyone in Cuyahoga County.

#### **AGENCY VISION**

To create the conditions in which all people that live, learn, work and play in Cuyahoga County have the opportunity to be healthy.

#### **CORE VALUES**

Health equity, integrity, partnership, and innovation.

#### **AGENCY STRUCTURE**

Please refer to the agency organizational chart which is available at: http://www.ccbh.net/governance-and-organizational/

#### **BOARD MEMBERS**

The Board of Health is comprised of five members appointed to five-year staggered terms by the District Advisory Council. The Health Commissioner, who serves as Secretary to the Board, is appointed by the Board, which also appoints the agency's Medical Director. The Board of Health meets monthly to review and approve all fiscal, legal, program and planning operations of the department. Regularly scheduled Board meetings are held on the fourth Wednesday of each month.

\*More information is available at: http://www.ccbh.net/governance-and-organizational/

## **SERVICE AREAS**

Administration
Environmental Public Health
Epidemiology, Surveillance and Informatics
Prevention and Wellness

## Introduction

The Cuyahoga County Board of Health Communication Plan is intended to serve as an agencywide guide for the proper development and execution of communication strategies and activities. Adherence to the principles, ideals and procedures contained within will help us to regularly provide timely and accurate information to our communities and our stakeholders.

Effective communication and outreach are essential to a local health department's ability to establish and maintain connectivity with clients, colleagues, media, partner agencies and other stakeholders.

A key element to supporting these efforts is a progressive communications plan that succinctly explains the overall process in easily understood terms.

#### **Core Communication Functions**

The following items comprise the core of our agency's essential communication functions:

- Act as a conduit for clients to gain access to essential services
- Create targeted outreach materials that are appropriate for specific audiences
- Develop personal, face-to-face relationships whenever possible
- Encourage and gather input from businesses, residents and stakeholders
- Framing messages to reflect the role that environment and community play in health
- Interact with partner agencies to share information and resources
- Maintain a professional and transparent dialogue with local, state and national media
- Promote programs and projects which can improve the health of the community
- Provide education about public health issues and concerns
- Raise awareness of the CCBH brand and the associated programs and services

As we continue to assess our agency's specific outreach needs, we must remain cognizant of the fact that there is not a one-size-fits-all approach for our various programs. In order for our strategies to be regarded as inclusive, effective and worthwhile, we must be sure to integrate staff into the process so that they become a part of the solution.

In keeping with the spirit of our 2016-2020 strategic plan, our communication plan will be guided by three principles: equity, diversity and inclusion. We consider these values essential to the creation and delivery of effective and comprehensive communication. Additionally, these principles set the course for all of our agency programs and services.

Aligning our communication plan with our strategic plan helps to assure that our day-to-day efforts are focused and meet established timelines.

As we develop and deliver messages, we must be sure to present the proper context and definition for our intended audiences. Culture, education, environment, and heritage are among the factors that can influence the ways in which our communications are received. By building capacity within our staff, we strive to offer culturally and linguistically appropriate services to each person within our health district.

A diverse group of CCBH personnel comprise the agency's Equity, Diversity and Inclusion (EDI) committee. They support our staff and our strategic plan implementation process by working in tandem with our Communications and Marketing, Community Engagement, and Workforce Development strategic planning sub-committees. Additionally, the Communications and Marketing committee develops training sessions for our staff and provides input that is applicable to the work that all of us do each day.

Our approach to communication has also been greatly influenced by the work of the Health Improvement Partnership - Cuyahoga (HIP-Cuyahoga) consortium, which coordinates our countywide community health improvement initiative. Its foundation is built upon the same values and ideals such as equity, diversity and inclusion. Learning about the ways in which the social determinants of health, like education and income, lead to health inequities that adversely impact the well-being of individuals and communities has allowed our staff to better understand the challenges associated with working to improve health outcomes for everyone who lives, works, learns and plays in Cuyahoga County.

## **Appendices**

Appendices are included at the end of the plan in order to provide additional documentation or support for individual sections and strategies.

#### **Updates**

The plan will be reviewed bi-annually by the agency's strategic planning communications group. Updates and/or changes to the plan will be made during these review periods. An update log is included as one of the appendices.

## **Equity, Diversity and Inclusion Committee (EDI)**

We want to provide all county residents with access to public health information and services. In order to do that, we must construct materials and utilize methods which are specific to the needs of various populations. Whether the distinctions are borne of culture, language, education or physical ability, it is incumbent upon us to be accessible.

In response to the tapestry of cultures present in Northeast Ohio, CCBH is actively working to effectively communicate with a variety of audiences. At the forefront of the efforts is the agency's Equity, Diversity and Inclusion (EDI) Committee.

Comprised of a cross-section of staff members, the committee oversees the work of three self-contained work groups:

#### Intra-agency collaboration

The committee has and will continue to collaborate with:

- The Chief Financial Officer to assure that adequate funding is available for the provision of interpretation/translations services and the production of targeted outreach materials and activities
- The Communications Officer regarding the development of appropriate outreach materials and mechanisms
- The Epidemiology, Surveillance & Informatics (ESI) service area to gather and interpret demographic information about county residents and businesses to inform communication approaches
- The Health Commissioner to assure that the group is performing in accordance with its prescribed goal schedule
- The Organizational Development Director to assist with building staff capacity to communicate with diverse populations

#### **Audience identification**

Based upon data gathered from the 2010 U.S. Census Report, we have identified the most commonly-spoken languages in our county. This information will help to guide the agency as it develops content and outreach strategies.

#### Interpretation/translation services

CCBH works with two service providers to deliver support for office and field staff, who have received training about accessing and using these services:

## **Cleveland Hearing and Speech Center**

24-hour sign language interpretation is available.

http://www.chsc.org

## **Language Line**

This service offers immediate access to interpreters speaking over 170 languages. Services include phone interpretation and document translation.

http://www.languageline.com

## Requirements

The provision and implementation of culturally and linguistically appropriate standards is a requirement for:

- Federally-funded grants
- Becoming an accredited agency as recognized by the Public Health Accreditation Board (PHAB).

<sup>\*</sup>See Appendices VII, VIII and IX for more information

## **Health Improvement Partnership-Cuyahoga**

According to data obtained from the hipcuyahoga.org website, our county faces significant health challenges:

- One in four people in Cuyahoga County overall, and one in two people in the City of Cleveland, are living in areas that lack access to healthy food options, referred to as "food deserts."
- Our community experiences two to three times as many poor mental health days as the nation.
- The cancer death rate is 1.5 times higher in the City of Cleveland as the national benchmark.
- There are significant differences in life expectancy, depending on where someone lives. View Life Expectancy Map.
- Three times as many African-American babies die compared to white babies.
- Two to three times more African-American and Hispanic residents experience poverty as whites in the City of Cleveland.

Knowing this, our agency's communications strategies and activities must be wide-ranging and inclusive. As we move through our 2016-2020 strategic plan period, the Communications and Marketing sub-committee will be working closely with the Community Engagement sub-committee and the HIP-Cuyahoga consortium to develop and distribute messaging that reaches varied populations and speaks to these and other issues outlined in the plan.

As previously mentioned, equity, diversity and inclusion are values held in high regard by the HIP-Cuyahoga consortium. This description from the HIP-Cuyahoga Community Health Improvement Plan succinctly summarizes the significance of considering equity in the decision-making process:

"Equity is a principle that guides our process and is ultimately what we are trying to achieve. As a principle, it guides who we work with, how we work together, and the goals and strategies of the plan. Using equity as a lens means that we are thinking about the resources we have available and the needs of our population. Our goal is not to make sure that all residents have the same resources or the same health outcomes, rather that everyone has the resources, access, and ability to live their healthiest lives."

<sup>\*</sup>Please visit <u>www.hipcuyahoga.org</u> for more information about the HIP-Cuyahoga consortium.

## **Targeted stakeholders**

Our effectiveness is dependent upon our staff's ability to fully understand each community and its health needs. As Cuyahoga County is a diverse community of 59 political subdivisions and a population of 1.3 million, developing a clear understanding of our external communication needs and strategies at the population level and subpopulation levels across the county is essential.

### Municipalities

The contact information for each of the municipalities within our health jurisdiction is stored on the Enterprise system. It can be directly obtained from the agency's network during regular business hours and also after hours using the agency's virtual private network (VPN).

Examples of information shared with municipalities include seasonal messaging about mosquitoes and West Nile Virus, local flu surveillance reports, programmatic updates such as fee changes or code revisions, and grant awards or partnerships with broad-reaching impact.

Depending on the nature of the information and the intended audience, the person directing communication could be one or more of the following individuals: communications officer, service area directors, supervisors or program managers, legal counsel, or the health commissioner. The Communications Officer will serve as a link to assure that the necessary coordination between internal staff takes place.

The information stored on the Enterprise system is updated twice annually by members of the administrative staff.

## **Community partners**

Through the work done in the HIP-Cuyahoga consortium and also by the staff dedicated to the Racial and Ethnic Approaches to Community Health (REACH) grant program, we are increasing our connectivity with community partners. Local organizations, neighborhood advocates and faith-based leaders are all contributing to the development of a network that shares information, resources and ideas aimed at improving health outcomes and personal well-being. Currently, HIP Cuyahoga works with several contractors to coordinate messaging for media as well as community stakeholders. The Communications Officer works in advisory role to REACH, similar to other CCBH programs.

Under circumstances requiring countywide or regional disease response efforts such as widespread influenza, West Nile Virus or a large foodborne outbreak, the director of

Epidemiology, Surveillance and Informatics will coordinate with the Health Commissioner, the Communications Officer and the appropriate service area directors in reaching out to neighboring health districts in order to assure continuity in public messaging. The CCBH Emergency Response Plan speaks to all emergency-related messaging and coordination among partners.

## Community

- analyze needs and develop targeted training to increase depth and capacity
- generate media stories and articles for newsletters, websites, blogs
- share positive experiences
- team approach to heightening programmatic awareness
- work with the EDI committee to identify and target a variety of audiences/subpopulations
- work with partner agencies to build/strengthen relationships

## **Health care providers**

- expanding collaboration in facilitating multi-agency media interaction
- develop special interest stories that cross medicine and public health

#### Retail/industry

- assess viability and encourage mutually-beneficial collaboration
- develop a strategic approach to managing current events and seasonal items
- link social media to expand brand awareness for all partners
- recognize businesses that promote the public's health

#### **Schools**

- develop service learning projects with student groups
- establish a reliable contact database for sharing relevant information
- recognize and leverage existing agencywide connections

#### Internal messaging – agency committees

Currently, the Wellness Committee and the Equity, Diversion and Inclusion (EDI) Committee are both staffed by CCBH employees who have volunteered to coordinate these efforts. The Wellness Committee works to promote healthy eating and active living opportunities among staff. The EDI Committee is focused on capacity building for culturally sensitive communication, both internal and external to the agency. The chairpersons of the internal

committees will work with the Communications Officer and the Senior Leadership Team (Directors and Deputies) to coordinate messaging.

## **Branding and connectivity**

Along with creating a culture of improved communication within the agency, raising awareness of our brand and strengthening our multiple points of connectivity are priorities from an external perspective. What we desire is the recognition of CCBH as the trusted source for public health information in the provision of services and information that we provide.

### **Agency Branding**

As a publicly-funded and highly visible local entity, it is essential that we present the proper image and effectively represent our CCBH brand at all times. We will solicit input from experts and staff in order to create common understanding of the expectations and responsibilities that constitute effective branding and imaging. In order to increase our brand awareness and quality of connectivity, we must be actively and consistently demonstrating our value to our respective stakeholders and communities.

## Branding applications include:

- educational materials and presentations
- electronic, written or in-person communications
- individual appearance professional code of conduct
- interaction with regulated community, patients and other clients
- word-of-mouth and other forms of feedback direct or indirect

#### Consistency

In the spirit of quality assurance, it is imperative that our staff is able to deliver services in a uniform manner that is rooted in consistent application. Effective communication planning will enable us to meet expectations across all programs and service areas.

In that same spirit, it is critical that all of our originally created/agency-specific materials have a consistent appearance, tone and presentation. This covers all applications in which our logo appears or our agency is mentioned, whether printed, electronic, radio, video, or other form.

To ensure the integrity of this process, all program materials for all applications using our logo or identifying our agency are to be reviewed by the Communications Group prior to their use. Staff is asked to contact the Communications Officer in advance of creating materials.

## **Training program**

To assure a standard of quality that is commensurate with the expectations of our clients and reflective of our accountability to the community at-large, we will create a training program which presents the proper ways to:

- assess and prepare before establishing external contact
- connect with the right people for the respective environment
- develop and sustain relationships
- evaluate and analyze to inform future efforts

This approach effectively utilizes the principles of Continuous Quality Improvement, further embedding the process into our agency culture.

The training will be delivered in accordance with Objective 2 as shown in the Communications & Marketing section of the agency's 2016-2020 strategic plan.

#### Future training and staff development

The Communications Officer and the agency's strategic planning Communications Group will work in collaboration with the agency's strategic planning Workforce Development committee to identify training needs and offer instructional sessions. The shared focus and responsibility is to ensure that the sessions reach the appropriate level of skill training, professional relevance, and incorporates the principles of equity, diversity and inclusion.

Together, the Communications Group and the Workforce Development committee will establish a list of considerations and competencies that will help to guide all subsequent training discussions regarding communication.

Other agency groups may become involved in the scheduling, delivery, and/or monitoring of the training sessions including the EDI committee, HIP-Cuyahoga, the Quality Improvement Council, and the remaining strategic plan committees.

## **Style guide**

### **Guidelines for Building Our Brand**

Our visual communication strategy is based on creating a unified brand. It is essential that we are all part of the effort to maintain the CCBH brand.

This style guide page will instruct staff as to the best ways to use the tools that we have created under the CCBH brand. These include:

Colors
Font styles
Logos
Taglines

Prior to reviewing those elements, please read this brief explanation about the different types of files created for our branding portfolio.

#### File types

When choosing a logo or brand component for your project, first consider the type of reproduction you need. There are different versions available depending on whether the format is print-based (paper, poster, banner), electronic (including computer and video), or to be used on a surface such as fabric or clothing.

#### Vector

Print-based applications require a vector file, which is the preferred format for files that are not photographs. Images are made up of points, lines and curves -- or paths -- containing colors, gradients and other editable effects. Using a non-vector file for printing purposes causes an image to appear blurry and lack definition, as if it is breaking apart. Vector files require Adobe® Illustrator software (suffix: ai) to open.

#### CMYK printing

The printing process that properly supports vector files is called CMYK. An acronym for Cyan-Magenta-Yellow-Black, CMYK is a color model in which all colors are described as a mixture of these four process colors. CMYK is the standard color model used in offset printing for full-color documents. Because such printing uses inks of these four basic colors, it is often called four-color printing.

**CCBH Agency Communication Plan** 

JPEG, PNG, GIF, BMP files

Raster graphics or bitmap images are the preferred format for photographs and are made up of thousands of squares of color called pixels. These squares or dots each possess an individual color value. Pixels are what you see when a photo is enlarged and begins to break apart. In terms of resolution, or how sharp an image appears, the more pixels per inch, the better the quality.

The types of files that store photographic images are typically JPEG, PNG, GIF, or BMP.

**RGB** reproduction

In order to reproduce colors effectively on electronic devices, a model called RGB is used. In this configuration, Red-Green-Blue are mixed together in various ways to produce a wide range of colors. This is the electronic equivalent of the CMYK process used for printing. What can be difficult is color-matching, meaning being able to reproduce the RGB colors so that they look the same when printed using the CMYK process.

Color

There are only 3 colors used for all CCBH corporate materials: Green, Black and Gray, which is used as a gradient light to dark.

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Web hexadecimal colors:

#006857 (Green) | #000 (Black) | Gradient Gray: #c5c5c5 to #494949

CMYK (print) color percentages:

Green:

Cyan: 89%

Magenta: 37% Yellow: 69% Black: 24%

Black: 100%

Gradient Gray - Lightest:

Cyan: 23% Magenta: 18% Yellow: 18%

Black: 0%

#### **CCBH Agency Communication Plan**

Gradient Gray - Darkest:

Cyan: 66%

Magenta: 60% Yellow: 57% Black: 40%

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#### 2 COLOR PRINTING

Green: Pantone No. 561 | Black

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#### 1 COLOR PRINTING

The fax cover sheet is the only external communication where the logo prints black. Additionally, on internal communications, you may also print the logo in black on one-color communications, such as photocopies and in-house posters.

#### **Fonts**

Use only these sans-serif type fonts when the CCBH logo is used: Helvetica Neue, Helvetica.

As an alternate substitute to be used only when Helvetica is not available - use Arial.

#### Logos

The CCBH logo is available in various forms, all of which are listed in the media library located on the agency's T drive.

#### Scale

Always keep these proportionate spatial relationships around the CCBH logo, represented by the red border. No matter the size of the logo, the proportions should always remain the same.

When enlarging or reducing a logo file, such as a JPEG version, always pull the logo border from one of the four corners. Pulling from the top, bottom, or sides will cause the logo to become distorted.



<sup>\*</sup>Keep white space around logo - represented by red border

Do not try to recreate or alter a CCBH logo in any way. If you do not see a version of a CCBH logo in the Media Library that suits your needs, please contact the communications officer.

\*The square CCBH logo may be used in place of the typical rectangular representation in instances where logo size is a limitation.

## **Tagline**

The agency's tagline – Your Trusted Source for Public Health Information – was developed as a way to reinforce the significance and impact of our brand. It is most commonly used in conjunction with the agency logo. It is our goal to become the county's trusted and reliable resource for public health information.

## **Key messages**

A collection of brief statements regarding our organization's work and resulting value will comprise what are referred to as our key messages; a core group of thoughts which are succinct and easily remembered yet also capture our essence and clearly illustrate our significance to the community.

A central element to the development of key messaging will be the revision of our mission/vision/core values through strategic planning. The communications team will work with the ideas and concepts determined through the planning process, molding them into messages for various venues.

Questions that will be answered include:

What are the messages to promote and convey?
How will messages be framed?
What messages are appropriate for all?
What elements should targeted messaging contain?
What will our elevator speech be for the agency/service areas/programs?

This work will be important as we move through the strategic planning schedule and build communications support for the selected priorities.

## **Outreach materials and methods**

#### Website

Our public site, ccbh.net, is designed to act as the informational foundation for our communication strategy. It is a destination point that will be referenced in documents, plans, reports, social media and personal conversations. In order to support the authority implied by our agency tagline, "Your Trusted Source for Public Health Information," we must have a strong, responsive presence on our website.

#### Recent activity

The website was updated in spring 2016 to provide visitors with a more robust and interactive experience. Key elements included:

- Improved presentation
- Quicker navigation
- Data exchange capabilities
- Personalized browsing capabilities based on interest

The current version of the agency's public-facing website debuted in June 2016. The site was updated in order to provide improved navigation capabilities and to also facilitate the exchange of data with the public and our stakeholders. The site is managed cooperatively by an internal team of "web techs" and Zed Digital, a contracted consultant. Zed provides technical support and training while the web techs manage the day-to-day elements.

Our website is our most active communication vehicle. In addition to our regular stream of regional visitors, we engage visitors from around the country and the world who are seeking guidance about topics such as bed bugs, food safety, West Nile Virus and other health data. As a result, we are regularly updating our content and presentation so that it remains timely and accurate.

Each of our service areas has one or more designated web techs that take care of website-related requests. Any staff member in need of help should be directed to their area's respective web tech for assistance. Depending on the nature of the request, web techs may consult with any combination of the communications officer, the informatics staff, and service area program managers, supervisors or directors before proceeding with the work.

#### **Future plans**

Preliminary discussion has taken place regarding the best approach to address the social media and website management functions required to maintain a strong presence in the agency's communications structure. As of May 2016, the plan is to track the costs, hours and resources

consumed by the internal web team through December 2016 so that we may conduct a datadriven analysis of our efforts and plan accordingly for the future.

#### Social media

Social media has become a viable and significant means of communication worldwide. Its value lies in its immediacy and simplicity. For local health departments, it is an essential component of a comprehensive communications portfolio.

#### **Overall Benefits Include:**

- Ability to share with diverse and targeted audience
- Generates interactive communication
- Sustainable method of public engagement
- Timely dissemination of information

#### **Types of Social Media**

- Blogs
- Photo-sharing
- Podcast
- RSS
- Text-based
- Video
- Virtual worlds
- Web feeds

#### **Activity**

The agency currently employs three types: Facebook, Twitter and YouTube. Accounts are branded with the CCBH acronym and feature a variety of local, state and national public health information.

#### **Account Oversight**

The Communications Officer currently oversees the accounts. When the pending agency social media policy is applied, responsibilities will likely expand to include more staff members.

#### Content

The Communications Officer and the agency's website contractor construct monthly messaging schedules in coordination with current events and CCBH-related activities. Staff members will eventually contribute content by sharing information which promotes activity within their

<sup>\*</sup>Prospective outlets: Instagram and Pinterest.

respective programs. Training sessions will be held in order to orient staff to the various outlets and procedures.

#### **Essential Elements**

- Accurate
- Concise
- Informative
- Relevant

#### **Posting Group**

Participants will be selected using the following criteria:

- Type of program and related activities
- Available time in daily and weekly schedule
- Access to camera/smartphone
- · Familiarity with social media

All group members will attend orientation sessions in order to become familiar with the policies and procedures for posting on agency social media outlets.

#### **Program example - Beach Report**

Using real-time data shared through collaboration with the Ohio Nowcast system, we inform beachgoers as to whether or not the lake water is suitable for swimming. This generates a great deal of activity on our accounts once summer weather arrives.

This simple task brings us in contact with people who may not have otherwise known of us or the scope of work we do. To gain those impressions without spending additional dollars is invaluable. To be able to make a lifestyle connection with a follower/viewer is just what we desire from our social media efforts.

#### **Future Ideas**

The outreach team will collaborate with engaged staff to determine capacity and select outlets for message delivery. Points of emphasis will be:

- Branding
- Connectivity
- Inclusion
- Proactive messaging
- Trusted source of public health information

The agency has established accounts on Facebook, Instagram, Twitter and YouTube. A social media policy governing use by the agency has been drafted for review with a planned launch in 2017. Upon completion of that process, this plan will be updated to include that information.

Subsequently, we will be engaging more staff in contributing to our social media accounts so that we may enhance connectivity with the residents and businesses of Cuyahoga County and beyond. Instructions and guidelines for use by staff will be added to this section of the plan at that time.

## **Photo Subscription Service**

Our agency subscribes to a service in order to obtain licensed photographic images for use on our website, in promotional materials, and for electronic presentations such as PowerPoint, Prezi, etc. The images are delivered electronically and stored on a hard drive by the communications officer. Due to the restrictions of our license agreement, the photos must be stored in a single location and cannot be shared over a common agency drive.

The use of unlicensed photos, such as those obtained from an outlet like Google Images, subjects the agency to penalties based on the application of copyright laws. To assure quality control and prevent potential misuse, staff will work with the communications officer to obtain access to photos and/or photo approval for outreach materials

#### **Design projects**

The agency is currently contracted with a consultant to provide website development and maintenance as well as graphic design services. These services are available to all staff and programs.

#### **Protocol**

Design projects are led by the Communications Officer and may involve various staff members based upon their program needs and content expertise. Any staff member needing web-based or graphic services may schedule a meeting with the Communications Officer to assess their needs after first consulting with the supervisor or service area director.

For the sake of consistency and accountability, the Communications Officer is the agency's main point of contact with the contracted designer. Finished products will be available for review by our staff and the public on the agency website, at staff meetings, select board meetings, health fairs and other external events.

## **Examples of completed design projects:**

- Agency clothing
- Agency logo
- Agency website
- Annual reports
- Banners
- Business cards
- Event and conference needs
- Posters
- Promotional items
- Seasonal health campaigns
- Signs
- Social media
- Video graphics

### **Development of outreach materials**

As we continue to update agency outreach materials across all programs, we must adhere to a prescribed list of items to ensure that we are aligning our messaging and presentation with the guidelines set forth in our strategic plan and this communication plan. The following steps will be fundamental to the development of new items for public use.

- 1. After receiving approval from the program manager or supervisor overseeing your program, schedule a meeting with the communications officer to review ideas and drafts.
- 2. Photos used in our outreach materials are subject to the following restrictions:
  - They must be from the agency's licensed stock library
  - If not a licensed photo, it may be one taken by a CCBH employee for use in CCBH materials, provided the photo meets minimum requirements for effective reproduction
  - If the photo belongs to someone outside of the agency, we must have expressed written consent from the owner of the photo allowing CCBH to use it
- Clip art, hand-drawn illustrations and other graphics that do not effectively represent the level of professionalism required for agency materials should not be considered for use.
- 4. All materials will include a version of the agency's current logo along with the appropriate contact information (phone number, website, address) for the item.

- 5. All materials must be assigned a catalog number. This will identify which program created the item, the date the item was created, and what version of the item it is. The communications officer will record and maintain the list of the catalog numbers in use.
- 6. All materials must be proofed by the communications officer, the appropriate program representative, and the Communications and Marketing sub-committee prior to approval for printing or electronic reproduction. This will assure that each item has been properly prepared for public release.

## **Use of logo**

Any item that is designed, displayed or distributed for public use must include a current version of the agency's logo. To help assure that the agency is properly identifying itself and promoting its brand, staff is asked to contact the communications officer prior to updating and/or releasing documents and materials for public use.

### **Style Guide**

A collection of agency-approved files containing letterhead, logos, and document and electronic templates will be available to staff on the internal drive:

T/COMMUNICATIONS FOR STAFF/MEDIA LIBRARY & STYLE GUIDE

## **Communications personnel**

As agency demand for communication services grows, it is important to build a team approach both strategically and operationally with clearly identified roles. An integrated approach to internal and external connectivity will help to put mechanisms in place for optimal success.

## **Principal Agency Communications Staff**

- Health Commissioner head of agency
- Communications Officer marketing/branding/strategy/media relations/staff collaboration/external partnerships
- Communications Intern support for the agency while learning in a real-world environment
- Regional Public Health Preparedness Coordinator agency liaison for planning and response
- HIP-Cuyahoga Communications Coordinator conduit for agency interaction
- Service Area Directors leadership for specific program areas
- Legal Counsel in-house, full time staff member

#### **Communications Officer**

CCBH added a communications officer to its administrative staff in 2012 with the intent of:

- Building a foundation for effective electronic communication using the agency website and social media
- Creating strategies that connect the agency to targeted partners and entities
- Cultivating/strengthening relationships with partners from a variety of settings such as academia, business, government, local communities, medicine, and social service
- Developing, implementing and promoting an agency brand
- Enhancing media relations to broaden agency awareness
- Expanding employee skill sets related to communication
- Identifying existing gaps and proposing solutions/resolution
- Offering targeted communication training to staff and partners
- Operationalizing communication activities and instilling a culture of improved internal and external connectivity

#### **Communications Intern**

The Communications Intern will provide support for the Communications Officer, the communications group, and the agency in the performance of a variety of duties while receiving the educational benefits of real-world experience in the field of public health.

The Communications Officer will collaborate with the Director of Organizational Development to assure that all of the academic requirements and agreements related to the intern's program work are satisfied.

#### Potential responsibilities include:

- Consolidating and revising databases for external contacts
- Constructing social media calendars
- Coordinating logistics and materials for events and speaker requests
- Representing the agency at community events and external meetings
- Reviewing materials for the web design team
- Shadowing other staff members must be for an intended purpose (PIO for emergency prep)

## **Strategic Planning Communications Group**

This group is comprised of staff representing each of the agency's service areas. They help to support the priorities identified in the agency's strategic plan by contributing to the development/review/execution of training modules, outreach materials, social media and website content, and branding strategies. Monthly meetings are held at the agency offices.

\*To view the goals and objectives defined by this group as a part of the agency's 2016-2020 strategic plan, please follow this link:

http://www.ccbh.net/pdf/31508 CCBH 16StrategicPlan OnB Book.pdf

#### **Purpose**

To accelerate the pace at which we begin to better engage employees, enhance morale, provide a desirable structure for input and skill development, and build connectivity across the agency.

The team's presence, output and eventual influence on agency activities will complement the work being done by the Quality Improvement Council, the Worksite Wellness and Equity, Diversity and Inclusion Committees. Collectively, the team will assist in providing community engagement data in support of strategic planning, and accreditation requirements.

## Agencywide strategic plan

Communications & marketing is a priority area as defined in the agency's 2016-2020 strategic plan. The goals and objectives as outlined in the plan are listed here.

#### STRATEGIC GOAL

Build capacity to improve internal and external message delivery with clients, stakeholders and the public through the use of effective communication and marketing strategies.

#### **Objective 1**

Develop an agency communication plan by June 30, 2016.

#### **Activities**

- Identify best practices among peer agencies
- Prioritize internal and external communication needs
- Develop strategies to address those needs
- Develop a timeline for implementation
- Identify the necessary resources to implement the plan

#### **Objective 2**

Provide general training to all staff regarding the use of effective internal and external communication strategies by December 31, 2017.

#### **Activities**

- Construct a training schedule with measurable benchmarks
- Develop training modules
- Create evaluation tools
- Deliver training to staff
- Report post-test measurable outcomes
- Revise modules to incorporate analysis
- Create agency speakers bureau

## **Objective 3**

Use the agency communication plan as a tool to coordinate strategies and messaging used by our staff, the Equity, Diversity and Inclusion Committee, and the HIP-Cuyahoga consortium by December 31, 2018.

## **Outcomes**

#### 2014

The focus was to increase capacity and find ways to address existing needs. The items listed here enabled that to some degree and also helped to lay a foundation for improved results in 2015.

#### **Achievements**

- Created a foundation for agencywide communication plan
- Designed and purchased critical marketing materials
- Hired communications intern
- Recruited members for Strategic Planning Communications Group

#### **Collaborations**

- Case Western Reserve University resident education program
- Cleveland Clinic Euclid/Aramark/Euclid Cares/Euclid Culinary healthy menus/sustainability
- Cleveland Metroparks strategic planning and public health
- Greater Cleveland Trails & Greenways public health integration
- Marc's grocery store food safety education/sustainability
- Tri-C Metro youth development program

#### 2015

The focus was to support the agency's developing strategic planning efforts as well as the agency's first communications intern. The activities listed below are in support of agencywide training efforts that are projected to be delivered in 2016-17.

## **Communication Group**

- Agencywide representation
- Assess outputs and revise accordingly
- Create targeted materials for the strategic priorities
- Engage the QI council/management team with overview
- Establish a regular meeting schedule
- Establish metrics with measurable outcomes
- Integrate strategic planning outcomes such as key messages and other communicationbased priorities

#### **Communications Intern**

The addition of an intern was intended to increase capacity and productivity. From January to July, we were able to achieve both objectives due to the impressive skill level of our intern. Time and opportunity costs are the major considerations associated with bringing an intern to the agency.

## **Website Development**

- Preparation for the debut of a new website in 2016
- Enlist agency staff for a web team to support the new site
- Select consultant for the new contract period

## Workforce development

- Communication plan orientation
- Communication skill training

#### 2016

- Continue the development of the new agency website
- Develop protocols and standards for the web support team
- Finish the production of the agency's strategic planning report for public view
- Work with the Communications Group to develop staff training modules and materials

## 2017 and beyond

Work will be focused on the objectives and activities as listed in the agency's 2016-2020 strategic plan.

## Media preparation and interaction

It is essential to have procedures in place to assure that the information we release is first considered then authorized, released and presented in an appropriate manner. Among our primary functions is to manage the flow of information to and from the media.

### **Media Relations**

The Communications Officer will be the agency's lead point of contact in responding to media requests. He/she will substantiate the validity and content of the request, verify deadlines and contact the appropriate staff member(s) for content support in order to fulfill the request in a timely manner.

Any staff member who receives a media request must contact the Communications Officer prior to responding. Any staff member who wishes to initiate contact with the media must start by contacting the communication officer.

If the Communications Officer is not available to process a media request, the appropriate Service Area Director and/or the Health Commissioner are to be notified.

#### **Press Conferences**

CCBH press conferences will be organized by the Communications Officer. Aside from the Health Commissioner and Communications Officer, CCBH participants will be selected based on the issue and conditions at hand.

#### **Press Releases**

The Communications Officer will develop releases in collaboration with appropriate staff members upon their request or that of the Health Commissioner.

The Communications Officer will coordinate all forms of media interaction including press releases, official comments and statements.

#### Social Media

Following consultation with the Policy and Procedure committee, an agencywide policy will be issued and referenced as an appendix to the communications plan.

#### Website

Maintenance and content creation for <u>www.ccbh.net</u> is the responsibility of the CCBH web team and the contracted website consultant in consultation with the Communications Officer and the agency's IT personnel.

### **Example of media-related situation**

Disease Outbreak

When the agency receives a media request regarding confirmation of a disease outbreak or foodborne illness, the presumption is that the media outlet has obtained information from a source other than CCBH. Given the significant implications that an outbreak may have on food operators, patrons and their respective business interests, it is our job to protect not only the integrity of any active investigation, but to also work effectively with our regulated community.

Those who interact with the media in these situations may include:

- Health Commissioner
- Communications Officer
- Service Area Directors
- Public Information Officer
- Legal Counsel
- Staff content experts

Select media-trained staff members may be asked to engage the media in this situation. Their directive is to:

- assess information that a media outlet has obtained from a source other than CCBH
- contact the appropriate CCBH staff member as listed above for assistance
- find the right personnel to properly evaluate the accuracy of the information
- work with the Communications Officer to coordinate the continued interaction with the media during an outbreak response period

## **Media relations**

In all media relationships, we will be:

- Accurate about reporting information within our control
- Active in verifying information that we receive from a place other than the original source
- Careful to ensure the integrity of people and processes involved
- In compliance with HIPAA standards
- Mindful of our brand and image
- Timely in responding to requests
- Transparent without compromising protected confidentiality

## **Agency Contact Person**

The Communications Officer will be the agency's lead point of contact in responding to media requests. He/she will substantiate the validity and content of the request, verify deadlines and contact the appropriate staff member(s) in order to fulfill the request in a timely manner.

If the Communications Officer is not available to process a media request, the appropriate Service Area Director and /or the Health Commissioner are to be notified.

#### Forms of contact

Media requests typically come directly to the attention of the Communications Officer via email, phone or text. They may also come through direct contact with the Health Commissioner or through direct media outreach to staff who may be content experts about the topic of interest.

## **Internal procedures**

When the Health Commissioner receives a request independent of the Communications Officer, he/she will:

- Notify the Communications Officer in a time frame commensurate with the urgency of the request
- Report the status of the interaction to the Communications Officer along with any follow-up that may be necessary.

When the Communications Officer receives a request independent of the Health Commissioner, he/she will:

• Determine whether the Health Commissioner needs to be immediately engaged.

Otherwise, the Communications Officer will:

- Address the request personally by providing the necessary information
- Identify the appropriate content expert on staff
- Contact the respective Service Area Director
- Engage the content expert
- Review an anticipated set of questions and rehearse the delivery with the content expert
- Notify the Health Commissioner of the request
- Provide support during the media interaction as appropriate

Any staff member who receives a request is expected to contact the Communications Officer and their respective Service Area Director prior to responding.

## Media briefing

A detailed background briefing may be necessary in order for the media to properly understand a public health issue. Staff members with specialized knowledge may, in liaison with the Communications Officer, be asked to contribute to these sessions. In such cases, the Communications Officer will arrange for direct contact between the agency and the media.

## **Prior to issuance**

All media communications will be reviewed and approved by, individually and/or collectively, the Health Commissioner, Communications Officer, and the appropriate Service Area Director before being released to the media.

## **Media training**

A team of representatives from each service area will be selected for training based on the following criteria:

- Ability to translate technical information into everyday speak
- Availability both in-person and by phone
- Level of subject expertise
- Projection of proper image professional yet personable
- Willingness to learn and be trained

Staff that will not be part of the on-camera team will be offered an abbreviated training session which focuses on the role of media and how it affects us as a local health department.

Training will be administered cooperatively by the Director of Organizational Development, the Communications Officer, and the Communications Group. The agency's Legal Counsel will also provide input as necessary. A training schedule will be determined based on the demands of other projects and their comparative priority.

Training will be provided in accordance with the timeline established under Objective 2 of the Communications & Marketing section of the agency's 2016-2020 strategic plan.

### **Press releases**

Messaging clarifies what are known as the Five W's: who, what, where, when and why.

Press releases are an effective way to provide information quickly and succinctly to many outlets. They are a traditional vehicle in the worlds of print and broadcast media. Structure is based upon the who, what, where, when and why of the feature along with contact details for more information.

### Why do we send them out?

- To provide clarity to a situation
- To draw attention to an event or project
- To provide assistance to an agency partner
- To promote public health to the community

### Who creates the release?

The Communications Officer will develop releases in collaboration with appropriate staff members upon their request or that of the Health Commissioner.

### How is a release distributed?

CCBH has the ability to spread press releases using web postings, social media, and e-mail. The typical order of distribution is:

- send the information to the media via e-mail
- post the information on the agency website
- use social media to link to the information

The Communications Officer will issue all press releases, official comments and statements. He/she will also coordinate all forms of media interaction.

### What does it look like?

Information is issued on agency letterhead using the official CCBH logo, colors and style guidelines.

\*See STYLE GUIDE on page 12

Contact information is also provided for the person who serves as the liaison for the media and/or public. This will be the Communications Officer and sometimes the Health Commissioner, a Service Area Director, Supervisor, Program Manager or Legal Counsel depending upon the content. It may also be a representative from an agency partner.

# What happens after a release goes out?

We hope to be contacted by the media and receive coverage, which could take various forms:

- Inclusion in an online article
- On-camera interview
- Radio interview
- Follow-up phone call with no promise of publication
- Web links

### **Press conference**

Press conferences and media briefings create an environment where the host organization can quickly disseminate information to multiple media outlets and also entertain questions in order to bring clarity to a situation or event. This eliminates the need for agency representatives to entertain several separate requests for similar information. Additionally, follow-up questions and interviews can be done immediately after the conference, offering greater efficiency for the media and for our agency.

CCBH press conferences will be organized by the Communications Officer. Aside from the Health Commissioner and Communications Officer, CCBH participants will be selected based on the issue and conditions at hand.

To-do list for conducting a press conference:

### **Preliminary Actions**

Determine location, time and date
Secure meeting space
Identify and confirm speakers
Notify media of conference's location and time
Arrange for necessary site security
Arrange for video and/or audio taping
Test equipment, lighting, seating, room temperature
Check availability of parking
Follow up with media – phone, email
Arrange reception area/sign-in for media
Brief your staff on the subject, spokesperson, and schedule

### **Statements and News Releases**

Review content with your spokesperson 1-2 hours prior Develop anticipated questions and answers Ensure that all relevant material is approved for release Assemble press kits and background information Make copies of pertinent material for media

# **Conducting the Conference**

Prepare media kits for handout
Assign staff to direct media to the briefing room
Log the names of media representatives who attend
Start video and audio recorders
Open the conference
Assign staff to monitor questions and summarize responses
Prepare conference notes for review with staff

# **Event Follow-Up**

Locate and distribute any missing/requested information Post summary info on social media accounts Monitor the media for event coverage Send thank you e-mail to VIPs

### Disease outbreak

When the agency receives a media request regarding confirmation of a disease outbreak or foodborne illness, the presumption is that the media outlet has obtained information from a source other than CCBH.

# Staff interacting with the media may include:

- Health Commissioner
- Communications Officer
- Service Area Directors
- Regional Public Health Preparedness Coordinator
- Legal Counsel

Select media-trained staff members may be asked to become engaged in this situation. Their directive is to:

- assess information that a media outlet has obtained from a source other than CCBH
- contact the appropriate CCBH staff member as listed above before responding "on the record"
- find the right personnel to verify/confirm/deny the accuracy of the information

There is awareness among our staff that media requests for protected individual medical information will not be honored. All employees received required introductory HIPAA training as presented by the agency's legal counsel in 2016.

### Consistent & accurate messaging

Other than the Health Commissioner, no one from this group will make a comment or address the situation "on the record" without informing the others of the situation and the pending media request. This protocol helps to ensure the accuracy and timing of the information being provided.

### **Potential requests:**

- Confirmation that a suspected disease outbreak has occurred
- Confirmation that an investigation is underway
- Confirmation of the name of the establishment where a suspected outbreak originated

# Timely, accurate and appropriate messaging

The agency must also be cognizant at all times of the impact that the release of information may have on the public and any affected operators. We must be timely, accurate and appropriate with all messaging during outbreaks. We do not want to damage the reputation of an individual or an organization or business. Our objective is to help them understand the issue and assist in navigating them to resolution. Concurrently, we must be proactive in protecting the public's best interests.

# After-hours availability

The Communications Officer, the Health Commissioner, and the appropriate Service Area Director(s) are available to be contacted by local media regarding after-hours requests. Depending upon the nature and urgency of the request, they may in turn contact a Service Area Director for assistance in securing a staff member for comment or an on-camera appearance.

The agency's 24/7 Phone Protocol governs all after hours and emergency response calls. If a call comes to the agency's 24/7 phone, the person on duty will have access to contact numbers for the Communications Officer and the Health Commissioner.

It is expected that we make our best effort to respond to after-hours requests, most of which will be associated with atypical circumstances. As the county's trusted source for public health information, is our obligation to fill that role in the best interest of the community and public health.

\*The complete 24/7 phone protocol is available on the agency's server at:

T/AGENCY EMERGENCY PHONE INFORMATION

#### After-hours contact chain

- Health Commissioner
- Communications Officer
- Service Area Directors
- Public Information Officer
- Others as deemed necessary by those above

### **Emergency Situation**

In the event of an emergency, refer to the Risk Communication Plan which is available on the agency's server at:

T/EMERGENCY PREPAREDNESS TRAINING/CRISIS COMMUNICATION PLAN

### 24/7 phone

The 24/7 phone allows the agency to be available to assist our clients and the community around the clock day and night. Calls may come from a variety of sources (residents, regulated

<sup>\*</sup>All contact numbers are available in the 24/7 Phone Protocol.

community), city officials) about a variety of topics (nuisances or hazards, equipment failure, emergency issues). It is the job of the on-duty emergency phone monitor to decide whether a situation requires immediate action and who to call for assistance if necessary.

#### **Facts**

- monitors carry the phone on a rotating basis in one-week increments
- monitors receive 7.5 hours of compensatory time in exchange for five days of phone monitoring
- monitors serve as the first point of contact for all incoming calls
- the agency's 24/7 phone is continuously monitored by one of our staff members at all times
- the schedule is organized and maintained by personnel from the ESI service area

During normal business hours, non-emergency calls are directed to the main switchboard at 216-201-2000 which features a live operator. This allows the caller to work within the main phone system and be directed to a staff member who can be of assistance.

### **Examples of emergency situations vs non-emergency**

### **Emergency**

A client calls after hours to report that a bat is flying in his infant's room and he is not certain if the child has been bitten or scratched. The client states that he has the bat trapped but isn't sure what to do next. The monitor advises the client to keep the bat for testing due to the threat of rabies. The monitor arranges for the bat to be picked up by a CCBH employee the following day.

Child exposure = need for testing = emergency situation

### Non-emergency

Caller leaves a restaurant and wants to lodge a complaint about the cleanliness and quality of food.

No foodborne illness, outbreak or immediate threat = non-emergency situation

# **Appropriate representation**

Our staff members are sometimes asked by the media to provide comment in their official capacity as a member or affiliate of a committee, collaboration or partnership that is not directly associated with CCBH.

They are also contacted to provide technical assistance and professional opinions regarding public health topics based on their roles as content experts.

In such cases, it is incumbent upon the individual staff member, through their affiliations with various entities and partnerships, to make clear to the media, prior to any official comment or interview, that any statements he/she makes are their own and do not reflect the official viewpoint of, nor are they being made on behalf of, CCBH.

### Providing comment to outside sources (non-local media)

When CCBH employees are contacted to provide comment or content for press releases and non-local media, the participating staff member is required to contact the Communications Officer for review before issuing a response. Together, they will review the request to fully understand the context in which the material will be used and craft an appropriate response.

### Use of CCBH logo or other proprietary/licensed materials

Staff members must review these types of requests with the Communications Officer before making any CCBH materials available. The only exception to this rule is that any member of the public, including the media, may receive copies of CCBH materials that have been previously approved by the Communications Officer.

# **APPENDIX I**

# **Public records**

Public records document the decisions, functions, operations, organization, policies and procedures of the agency, subject to certain exemptions allowed under state and federal law.

Copies of public records will be provided to individuals and organizations within a reasonable time frame which is dependent on the time it takes to research, retrieve, and assemble the material. The cost for copies varies based upon the format in which they are produced and delivered.

Onsite inspection of public records is offered Monday - Friday from 9 a.m. to 4 p.m. and is subject to the same waiting period.

In order to facilitate prompt compliance with the Ohio Public Records Act (Ohio Revised Code 149.43), all persons seeking to inspect or obtain copies of CCBH records are expected to act in accordance with the policy.

This policy does not apply to:

- the use of records for official CCBH business by authorized individuals
- to persons who desire to inspect or obtain copies of their own records

Requests to inspect or copy public records may be made by:

- Visiting our office at 5550 Venture Drive, Parma, Ohio 44130
- Writing to the attention of Legal Counsel at the same address
- Calling the agency's Legal Counsel at 216-201-2001 x1109

If a request comes to the agency through another CCBH representative, it is to be promptly referred to Legal Counsel for processing.

The agency's public records request policy may be viewed at: <a href="http://www.ccbh.net/public-records/">http://www.ccbh.net/public-records/</a>

### **APPENDIX II**

# **Document revision**

This document will be updated annually and following any organizational or programmatic changes deemed as essential to the plan.

Review dates and changes will be documented on the Update page.

Updated pages will be replaced as needed.

An electronic copy of this plan is located on the CCBH network at:

T/COMMUNICATIONS/COMMUNICATION PLAN/2016

The name of this document is:
Cuyahoga County Board of Health Agency Communication Plan

This plan was prepared by the Communications Officer and reviewed by the Health Commissioner and the CCBH Quality Improvement Council.

For more information, please contact Kevin Brennan at:

216-201-2001 x1108 kbrennan@ccbh.net

# **APPENDIX III**

# **Establishing your message**

Answering the following five questions can assist in defining the message you want to share.

- 1. Who are you? Who do you represent? Concise and related to the agency
- 2. What is the news you want reported? Essence of story
- 3. When will the event occur?
- 4. Where will the event occur?
- 5. Why is this news report important? Why should others care about what you are doing?

You can use this grid to help craft your messages.

<u> </u>	
1. Who	
2. What is your news?	
3. If an event, when will it occur?	
4. If an event, where will it occur?	
5. Why is your news relevant?	
6. What is significant about your project, work, or event? Elaborate on question #5.	
7. Why is your project, work, or event important to your clients? Elaborate on question #2.	
8. What kind of change can be expected from your project, work, or event?	

# APPENDIX IV Press release template

Agency Logo
Contact Person
Company Name
Contact Phone Number
Email Address
Website URL
<headline></headline>
<city>, <state>, <date></date></state></city>
Opening paragraph provides a quick overview of the news why it is important. It should read easily and make your news sound exciting to a general audience.
Next, provide some background information on the product or service. Make sure to write your release in terms that your target audience and the general public will understand. Do not use industry terminology.
Your text should explain the purpose, target market, and benefits of your product or service, and intrigue the reader to find out more, visit your website, contact you for more information, recommend your product to a friend, or sell your product to management.
ABOUT <company></company>
The final paragraph should be a brief description of your company and the products and services it provides. Include a summary of other products and services your provide, and a brief history of the company.
Include "For more information, contact: " as the last sentence.
- END -

# **APPENDIX V**

### **Press Kit checklist**

Press kits are not commonplace. They are typically requested by non-local media outlets producing in-depth stories. A collection of such items about a variety of topics is a good thing to have on hand prior to the onset of an issue or emergency.

When providing a press kit to a member of the media, consider the following items. These items will be helpful to a reporter interested in writing a story about CCBH. Many of these items may be furnished electronically.

Cover memo or press release with contact info
Fact sheets about the issue
History of the issue
Quotes or comments by the experts
Selected press clippings/weblinks
State-by-state or city-by-city analysis
Speeches or statements on the issue
Charts, visuals, or photographs
Background biography about spokesperson
Speeches or public testimony
Standard one-page description of your organization
Annual report

# **APPENDIX VI**

# **Press conference checklist**

# One week before a press conference:

		include hotels, local press clubs, or public buildings near media offices.
	2.	Check on:  Podium – stand alone Speaker system – if needed Microphone stand – on podium Backdrop – blue if possible Chairs – theater style, large center aisle Easels – if needed Electricity – outlets for TV lights Table – for media sign-up and materials Water – for participants
	3.	Pick a convenient date and time. Tuesday, Wednesday, or Thursday is best. Try not to schedule before 10:00am or after 2:00pm.
		Send out written announcements by fax, email, mail, or hand deliver to:  Editors  Assignment desks  Reporters  AP daybooks  Weekly calendars  Prepare written materials, including written statements and press kits.
The	e da	y before a press conference:
	Cal Do Col Wa	rmalize the order of speakers and who will say what If all prospective media and urge their attendance uble check the wire service daybooks If all materials and make extras for follow-up alk through the site and review details to be up names and titles of spokespeople for media handout
The	e mo	orning of a press conference:
	Do	ake last-minute calls to assignment desks and desk editors uble check the room several hours before alk through the press conference with principal speaker

1. Arrange for a room that is not so large that it will look empty if attendance is light. Sites may

# CCBH Agency Communication Plan

# During the press conference:

Have a sign-in sheet for reporters' names and addresses
 have a sign-in sheet for reporters mannes and addresses
Give out press kits
Hand out a written list of participants
Make opening introductions
Arrange one-on-one interviews if requested

# APPENDIX VII

# **Cleveland Hearing and Speech Center**

### 216.231.8787



# APPENDIX VIII Language Line

# 800.752.6096



# **APPENDIX IX**

# Most commonly-spoken languages in Cuyahoga County

Other than English, these are the ten most-commonly spoken languages in Cuyahoga County, in descending order<sup>1</sup>:

- Spanish
- Arabic
- Polish
- German
- Italian
- Russian
- Chinese
- Ukrainian
- Greek
- Hungarian

<sup>&</sup>lt;sup>1</sup>2006-08 U.S. Census data

# **APPENDIX X**

### Media contact list

This list is used when the agency reaches out to share information with local media. The typical ways in which we interact include news release, email, direct phone call and social media.

### **Protocol**

When releasing general health information, the communication officer will contact local radio, local television, and the health reporters from our region's daily newspaper, the Plain Dealer. The public radio outlets (WCPN, WKSU) have a designated reporter to review information and we typically engage one-on-one with that person. The commercial radio outlet (WTAM) has a rotating staff, so we send information to the station's news desk. This is the same procedure we use with local television. Assignment editors determine who they feel is best for a particular story, so in order to respect that process, we refrain from directly contacting reporters. At such time when a story is assigned and we are contacted by a reporter for follow-up, we will then engage individually with reporters.

The communications officer is the main point of contact for receiving and responding to media inquiries. He/she will review each request and decide how the agency should respond and which staff members are best-suited to contribute to the response.

### Maintenance

This list will be updated in accordance with the annual document review process. Should any significant changes take place during the interim, the communications officer will independently update this portion of the plan.

### Contacts

### Radio

WCPN/Ideastream
Marlene Harris-Taylor

Marlene.Harris-Taylor@ideastream.org
216.916.6100

WKSU
Kevin Niedermier
niedermier@wksu.org
330.842.1257

### **CCBH Agency Communication Plan**

### WTAM

news@wtam.com

216.642.4636

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### **Television**

WKYC

newsdesk@wkyc.com

216.344.3300

**WEWS** 

news@newsnet5.com

216.431.5555

WJW Fox8

tips@fox8.com

216.432.4240

**WOIO** 

19tips@woio.com

216.367.7300

WVIZ/Ideastream

Marlene Harris-Taylor

Marlene.Harris-Taylor@ideastream.org

216.916.6100

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# **Daily print or electronic**

ASSOCIATED PRESS Mark Gillispie mgillispie@ap.org

216.771.2172

### **CCBH Agency Communication Plan**

CALL & POST
Connie Harper
CHarper@buckeyeweb.com
216.588.6700

CLEVELAND JEWISH NEWS Michal Bennett cdettelbach@cin.org 216.454.8300

CLEVELAND PLAIN DEALER Health Reporter Brie Zeltner bzeltner@plaind.com 216.999.4283

Environmental Reporter James McCarty <a href="mailto:imccarty@plaind.com">imccarty@plaind.com</a> 216.870.0304

SUN NEWS/CLEVELAND.COM Linda Kinsey <u>lkinsey@cleveland.com</u>

# **Accreditation references**

This is a list of the references within the plan that support the accreditation standards as set forth by the Public Health Accreditation Board.

Introduction – Measure 3.2.3A

Communication procedures to provide information outside the health department

Equity, Diversity and Inclusion Committee – Measure 3.2.6A Information provided in culturally sensitive and linguistically appropriate format

Targeted Stakeholders – Measure 3.1.1A
Information provided to the public about protecting their health

Branding and Connectivity – Measure 3.2.2 A Organizational branding strategy

Style Guide - Measure 3.2.2 1D

Common visual identity-style guide with information about the logo use

Key Messages – Measure 12.2.1A

Communication regarding the responsibilities of the health department

Outreach Materials and Methods - Measure 10.2.3A

Communicated research findings including public health implications

Social Media - Measure 10.2.3A

Communicated research findings including public health implications

Outcomes - Measure 4.1.1A

Active participation in several partnerships to address specific health issues or population

Measure 8.1.1S

Education programs that promote the development of future public health workers

Measure 8.2.3A

Professional and career development for all staff

Media Preparation and Interaction – Measure 3.1.1A
Information provided to the public about protecting their health

Media Training – Measure 8.2.3A

Professional and career development for all staff

### **CCBH Agency Communication Plan**

Press Releases – Measure 3.1.1A
Information provided to the public about protecting their health

Measure 10.2.3A

Communicated research findings including public health implications

Press Conference – Measure 3.2.1A Information provided to the public

Measure 10.2.3 A Communicated research findings, including public health implications

Media Contact List – Measure 3.2.3.A

Communication procedures to provide information outside the health department