

ANNUAL REPORT, 2002
Activities

GOAL #1: To inform, educate, and empower people about health issues. (Public Health Essential Service #3)

- a. Objective 1.1: Maintain public information office
- b. Objective 1.2: Develop and maintain well-established public information policies and protocols
- c. Objective 1.3: Provide for health education material development and dissemination, based on health education (HE) and risk communication (RC) principles
- d. Objective 1.4: Provide for public health education and training (consider all publics)
- e. Objective 1.5: Provide for emergency medical services and emergency response communication planning

Objective 1.1:

Provided leadership for the Health Department's Media Relations function. Risk communication messages were developed for the Director of Health on topics ranging from smallpox, emergency preparedness and the future of Public Health. Media training materials were formulated and disseminated to the department's leadership team, program managers and program staff. Public Health information was edited for content and submitted to City Communications for press releases and the Fountain Pen. Available 24/7 for activation as a Public Information officer for the Health Department and/or other City/Regional crisis.

Objective 1.1:

Founding member of RAPIO, Regional Area Public Information Officers. This coalition coordinates dissemination of regional information pertaining to citizens within a 4 county region. The coalition provides Public information assistance to members in a crisis situation. This group meets monthly and discusses topics relating to websites, publication trends and communication strategies.

Objective 1.1:

Rotation of the Public Information Officer function within the division of Health Education and Health Communication.

Objective 1.1:

Assisted public health preparedness staff as logistics coordinator for the smallpox vaccination clinic media availability as mandated by the State public health preparedness contract.

Objective 1.2:

Researched, developed and maintained the standard operating procedures for communication policies with the public and the media.

Objective 1.2:

Updated the policy manual and obtained consensus from management team.

Objective 1.3:

Current board member of the Maternal Child Health Coalition of Greater Kansas City. Serving as the chair of the newly created Publicity Committee. The PC is responsible for creating awareness of issues affecting childbearing age women and children in the greater Kansas City area. Press releases have been created and disseminated on topics relating to Legislative priorities and Health Care. Media training/coaching has been provided to the Executive Director of the Coalition.

Objective 1.3:

Organized the Public Health Video production. The video was completed in late January 2002. This video's purpose was to education and inform the public of the role of public health and why it is so important that we have public health departments. This video is titled "The Picture of Public Health: Making Life Better" it runs 11 minutes and 45 seconds.

Objective 1.3:

Organized the creation of the Public Health Video Companion piece by Fuel Advertising and Design. The purpose of this piece was to create a paper version of the video so that people could take it home with them and share it with others. This was completed in May 2002.

Objective 1.3:

Served as the chairperson of the MOHAKCA Conference 2002. The topics of discussion were in two different categories: Emergency Preparedness and Emergency Communications. This conference is annual and only one day. CEU's are offered and lunch is provided with the registration fee of \$35.00.

Objectives 1.4:

Acted as the Health Department Liaison for **Safety Street Project** to launch in Oct.02. This program provides instruction to early elementary students regarding **pedestrian, and traffic safety**. Provided project management during the construction phase. Participated in Safety Street fundraiser.

Objective 1.4:

Implemented Monthly Health Observances campaign

Objective 1.4:

Organized the creation of the most recent Health Department Brochure created by City Communications and was completed in January 2002. This brochure was outdated almost immediately. For this reason the decision was made to create a brochure that gave just a brief overview of what the division at the health department do and to create an insert that could be updated whenever the changes occur. This brochure was created by Fuel Advertising and Design.

Objective 1.4:

Provided neighborhood support for the Walkers on Watch Program by maintaining and providing training for the walkers on watch program. Last year, we instituted 2 new sites, Palestine and the Westside using funding from the Healthy people 2010 grant. The most

successful site was the Westside, with over 40+ residents participating in a walking program every Wednesday through the summer and over 80+ residents attending the kick-off.

Objective 1.4

Presented introduction to CDCynergy Health Education and Health Communication

Planning model. Provided an overview of the planning model, demonstrated how the CD-ROM works, and how the process can improve and streamline health education assessment, development and evaluation by applying principles of health communication. Presentations were made to the following public health employees in a variety of public health settings:

1. Strategic Planner for the Missouri Department of Health and Senior Services (MDHSS) and Director of the Center for Local Public Health (CLPHS) in March, 2002.
2. Division Managers of Health Education and Maternal and Child Family Health in April, 2002.
3. Director of Health of Kansas City in April, 2002.
4. Members of the Missouri Institute of Community Health, Health Communication Workgroup in August, 2002.
5. Metropolitan Official Health Agencies of the Kansas City Areas (MOHAKCA) Conference Participants in September, 2002.
6. Executive Board Members of the Missouri Society of Public Health Education (MOSOPHE) in October, 2002.

Objectives 1.5:

Wrote successful grant application to the National Association of City and County Officials (NACCHO) and the Centers for Disease Control and Prevention (CDC). Staff participated in the monitoring and implementation of this grant beginning in March, 2002. The purpose of the grant was to develop a plan for activities for the support of epidemiological, surveillance, communication, and emergency response issues during public health emergencies. This plan included the establishment of a KCMO Health Department Center for Emergency Preparedness, which then was put into place during a departmental re-organization during Mary, 2202.

The purpose of the Year 1 Action Plan of this grant was to assist the Kansas City Missouri Health Department in fully supporting and implementing the core functions of public health by assuring local citizens as well as those in neighboring cities that there is an adequately staffed and prepared public health infrastructure which is capable of responding decisively, appropriately, and quickly in the event of an intentional disease outbreak. Grant activities include internal (KCMO HD) partners as well as external collaborative partners including Mid America Regional Council (MARC), other local health departments, hospitals, emergency response agencies, police and fire departments.

The Year 1 Action Plan addressed objectives to meet three broad core capacity goals which are integral to predisposing, enabling, and reinforcing voluntary behavior conducive to the health of local citizens: Communication, surveillance and epidemiology, and public health preparedness and response. These goals are based on the CDC's Core Capacity Framework document for state and local health departments, are listed below:

The core capacity communication goal is as follows: The public health system maintains communication mechanisms to 1) routinely translate scientific and health information for communities and policy makers, 2) provide timely, accurate public information and advice to policy makers during emergent events, and 3) coordinate logistical communication within the

response community. This emphasis on public education and communication ensures that a local health department is prepared to collect, analyze, and communicate information effectively among the response community, decision makers, and the general public during a public health emergency caused by bioterrorism. **The core capacity surveillance and epidemiology goal** is as follows: The public health systems monitor health events to identify changes or patterns and to investigate underlying causes and factors. **The core capacity preparedness and response goal** is as follows: The public health system maintain the ability to effectively detect and respond to public health threats and emergencies.

Objectives 1.1, 1.2, and 1.3:

Participated in the KCMO Emergency Operations Center (EOC) activation during the January, 2002, ice storm. Health Education staff provided support and health information to the Emergency Operations Center staff over a period of approximately one week. Health Education staff reported to the Joint Information Center (JIC) 24 hours a day during the activation phase. They served in the role of the Public Information Coordinator (PIC) when City Communications staff was not available, and provided health information and support to the PIC during the rest of the activation. JIC activities in which Health Education staff participated included:

1. Writing, editing and sending press releases as appropriate
2. Providing health updates and health tips for those hardest hit by the ice storm
3. Following up on media and public inquiries
4. Serving as liaisons between the KCMO Health Department and the EOC staff
5. Preparing regular situation updates on the communication activities and press releases sent out
6. Providing support to the JIC staff and the PIC as requested
7. Answering phones and trouble-shooting requests from other city departments as well as the public

Objectives 1.1, 1.2, and 1.3:

Proactively developed a comprehensive communication plan to respond to anticipated West Nile Virus (WNV) activity in Kansas City during the summer of 2002. The planning process started in April, 2002, and included KCHD employees from the following divisions: Environmental Health, Communicable Disease, Health Education and Chronic Disease.

- **April, 2002:** The Division of Health Education set up and led an a cross-functional, department-wide committee which met to discuss the following WNV Communication Components:
 1. Written communication components, including the discussion of Fact Sheets, Backgrounders, Brochures, and Frequently Asked Questions (FAQs)
 2. Which target audiences would need to be reached, and their appropriate literacy levels.
 3. The role of mosquito control and abatement
 4. Public education efforts already underway by various divisions or programs within the KCMO Health Department
 5. Problems which surfaced the prior year in regard to public understanding and misconceptions regarding WNV
 6. Review of press releases, fact sheets and WNV communication activities used by other health departments which experienced WNV activity during the previous year

Health Education staff also anticipated the types of public inquiries, press releases and media activities which might be appropriate for the KCMO metro area market when WNV would hit the KCMO area in mid-to-late summer.

- **May, 2002:** Health Education staff applied the WNV needs of the KCMO metropolitan area to the six phases of the CDCynergy Health Communication Planning process. Staff made recommendations regarding the following KCMO WNV communication planning:
 1. Problem definition and description
 2. Problem analysis
 3. Identification and profiling of audiences
 4. Development of a communication strategy and tactics
 5. Development of an evaluation plan
 6. The implementation and launch of the proposed communication plan
- **June, 2002:** WNV Communication Committee continued to meet to prepare for the arrival of WNV in KC. Action items included:
 1. Preparations to update the KCMO Health Department web page with appropriate public information
 2. Reviewing and revising of public education materials including lower-literacy Fact Sheets, FAQs and Backgrounders
 3. Plans for press releases and media advisories according to the appropriate level of activation, conditional to mosquito abatement issues and surveillance findings
 4. Discussion the WNV hotline script at the KCMO HD
 5. Notification of the City of Kansas City Action Center, City Communications, and the Emergency Operations Center.
- **July and August, 2002:** Activation of the WNV Communication Plan. Communication components included both written and audio, and targeted both public and city employees including the City Council and the Mayor. During the month of July, Health Education and Health Communication staff responded to a great upsurge in public and media interest regarding WNV issues in Kansas City. As the deluge of both public and media inquiries continued, staff responded by activating the following WNV Communication Plan Components:
 1. Sending out press releases and media releases, including a press release in July which announced that WNV preparations were underway
 2. Handling a multitude of media inquiries and arranging a variety of interviews with KCMO HD spokespersons and SMEs (Subject Matter Experts)
 3. WNV Update Presentation by the Department Director to the City Council Neighborhood Committee in July
 4. Public education in the form of lower literacy Fact Sheets, FAQs and brochures
 5. KCMO Health Department web site updates and referrals to other web site links
 6. Activation of the WNV hotline at the KCMO Health Department
 7. Health education updates to city departments
 8. Support for WNV overflow calls by the KCMO Action Center

Objectives 1.1, 1.2, and 1.3:

Provide leadership to City Wide Heat Task Force.

Acted as the Chairperson of Metro wide Heat Task Force, which includes participation from other City and Private partners. "Provided heat related death data to the Missouri Department of Health and Senior Services. Produced press releases and media alerts to keep public informed of heat health status as part of Heat Awareness Campaign.

Objectives 1.1 and 1.3:

Worked with the other divisions within the Health Department to create factsheets and backgrounders on key topics that might be of interest to the media and to the general public. This process was started to help to decrease the amount of last minute scrambling to get more information on the many complex topics the Health Department covers. These topics include some of the following: West Nile virus, potential Biological Terrorism agents, and Environmental Health problems.

Objectives 1.2, and 1.4:

Served as Chair of the Missouri Institute of Community Health, Health Communication Workgroup (MICH HCWG), meeting quarterly during 2002. Participants included a variety of workers across the state from a number of different settings: Voluntary associations, state agencies, public health agencies, media and communication organizations, and community-based programs. By December, 2002, consensus was reached that the overarching goal of the HCWG will be: To set the standards, and/or provide a framework for health communication, and to make this available as a resource for organizations through Missouri that have an interest in health improvement through health communication.

In order to inform, educate, and empower people about health issues (**Goal #1**), the following MICH HCWG objectives were established:

1. To examine and recommend well-established public information policies and determine how best to use these policies to disseminate health information to agencies across the state.
2. To explore and evaluate national models for health communication tools.
3. To develop a state-wide structure to support a model process for improved coordination of health communication.
4. To identify and share effective evaluation processes for health messages, public awareness, and media strategies.
5. To identify and support the development of learning opportunities on effectively education the community and the media.

In order to develop and maintain well-established public information polices (**Objective 1.2**), and to provide for public health education and training (**Objective 1.4**), the MICH HCWG outlined the following action steps:

1. Members will independently research health communication tools and will share findings at the March, 2003 meeting. Work group members will consider how the tool/model would best address a specific topic or target audience.
2. Members will research a minimum of 3 health communication evaluation tools.
3. The work group chair and co-chair will design a research evaluation review sheet and send to members for use as a tool to review health communication and evaluation tools.
4. Members will select appropriate communication tools and models, as well as evaluation methods, and provide in-services and training for members of the work group.
5. The long-term objective will be to provide these public health education and training sessions to those outside of the work group.

GOAL #2: To assure a competent public health and personal health care work force.
(Public Health Essential Service #8)

- a. Objective 2.1: Provide for internal staff public health education in Health Communication, Risk Communication and Health Education (HC, RC, and HE) skills, through tailored training initiatives and CDCynergy training
- b. Objective 2.2: Provide for external* public health education in HC, RC and HE skills, through tailored training initiatives and CDCynergy training (*outside KCHD, including other LPHA's and Health Agencies)

GOAL #2:

- **Selected to be a national trainer for CDCynergy, the Center for Disease Control and Prevention's (CDC's) health communication planning model.** Attended train-the-trainer-training for CDCynergy Health Communication in February, 2002. CDCynergy was developed in 1998 by health and media experts, including staff from the CDC. CDCynergy is designed around a six-phase marketing model that has proven effective for designing, implementing, and evaluating health communication programs. Its approach can greatly enhance public health campaigns' ability to have their intended impact.

During the train-the-trainer course, staff learned to address 6 of 7 competencies needed to function as health educators in today's public health environment:

1. Assessing individual and community needs for health education.
2. Planning effective health education events.
3. Implementing health education interventions.
4. Evaluating the effectiveness of health education interventions and activities.
5. Acting as a resource person in health education and health communication.
6. Communicating health and health education needs, concerns, and resources.

Objective 2.1:

Served as a member of **Health Department Safety Committee** to review all **internal injury/safety concerns**. Participated in developing internal protocols for handling emergency situations ie, bomb threats, suspicious packages. Participated in updating internal policies regarding evacuation procedures and fire prevention training for staff.

Objective 2.1:

- **Provided CDCynergy training to 10 public health employees in May, 2002.** Participants included eight Kansas City, Missouri Health Department employees as well as two Missouri Department of Health and Senior Service employees. Public health participants learned the principles of health communication and how to operate an interactive CD-ROM. Participants were asked to apply communication principles to the public health setting in order to understand how the use of this six-phase communication planning model could positively impact their practice of health education and health communication at the local public health agency (LPHA) level. Participant evaluations overall were positive.

By the end of the training, participants were able to achieve the following objectives:

1. Describe the six phases of an effective health communication campaign.
2. Link the required phases to your specific audience.
3. Discover what your campaign must address to best fit your audience.
4. Develop a communications plan with expert advice and resources from the CDCynergy database and web resources.
5. Increase their comfort and ease with the CDCynergy CD-ROM.

Objective 2.2:

Served as a member of the MO-Kan heart coalition. This coalition generated brochures, marketing materials, and program materials for professional development conferences, known as the “Heart After Hours” series concerning diabetes and heart disease and advances in cardiology.

Objective 2.2:

Designed and implemented the curriculum of a lessons learned conference. The conference was to help other public health officials and workers understand the challenges of working during a public health emergency. The Health Education and Health Communication team discussed the anthrax contamination, as well as west nile and its impact of staffing issues and media concerns.

Objective 2.2:

Design and research customer service survey.

Objective 2.2:

Generated the materials and talking points for the legislative priorities for the health department

Objective 2.2:

Served as an executive board member of the Partnership on Smoking or Health and participated in the development of educational seminars on the risks of tobacco use.

Objective 2.2:

Served as a member of the CPR Saturday planning committee. Assisted in logistical concerns in the friends and family training of CPR. Our goal is to train over 8000 members of the public in CPR.

Objective 2.2:

Organized the drive to provide a Population Specific seminar for the Deaf and Hard of Hearing on Cardiovascular Issues. As most health education materials are not written for the reading level of the majority of the Deaf and Hard of Hearing population and most seminars are not advertised or culturally competent (e.g. provide qualified interpreters), the MO-Kan committee provided the first disease specific seminar to the Deaf community in the KC Metro Area.

Objective 2.2:

- **Provided CDCynergy training to 15 members of MOSOPHE, Missouri Society for Public Health Education, in November, 2002.** Participants included professionally certified health educators from several Missouri LPHAs, as well as health educators who work in hospital and university settings in Missouri. Class participants applied the principles of health education and health communication to their particular public health setting, learned how to use the CD-ROM for public health planning, research, and evaluation. All participants worked on health communication case studies appropriate to

their public health practice setting. Participant evaluations were overwhelmingly positive. The training generated requests for additional training in calendar year 2003.

By the end of the training, participants were able to achieve the following objectives:

1. Apply the principles of an effective health communication campaign to their specific public health workplace.
2. Assess the usefulness and apply the required phases to their intended audiences in a variety of public health settings: Universities, local public health agencies, hospitals, and clinics.
3. Determine how to address the principle needs of an audience within the context of a health communication campaign.
4. Develop appropriate communication plans by utilizing both web-based resources as well as those contained in the CDCynergy CD-ROM.
5. Improve their ability to use the resources, structure, and examples provided by CDCynergy.

GOAL #3: To implement health communication “best practices” that provide for public health education, awareness, and disease prevention.

- f. Objective 3.1: Establish robust and reliable internal communication systems
- g. Objective 3.2: Provide public health (PH) partners, targeted publics, media and policy-makers with an understanding of public health issues and concerns (=market public health)
- h. Objective 3.3: Establish brand identity and provide for logo development for KCHD

Objective 3.2:

Served as Secretary for the Missouri Society for Public Health Education (MOSOPHE) during calendar year, 2002. Accomplishments included:

1. Planning of the MOSOPHE Mid-Year Conference and marketing of health communication planning models and training sessions
2. Introduction of the CDCynergy health communication planning model to the Executive Board, and subsequent training of MOSOPHE members at the annual fall conference in November, 2002.
3. Initiating discussions for more consistent health education messaging that could be promoted through MOSOPHE members via their workplaces.
4. Focused on the need to provide others outside public health with a better understanding of public health issues.
5. Stressed the need for learning from each other on successes for establishing reliable internal communication systems.

Objective 3.2:

Organized the purchase of the Public Health week informational buttons. These buttons were created to stimulate discussions on how public health makes life better. The buttons were ordered and distributed for Public Health week April 2002.

Objective 3.2:

Provided leadership as the Web Master for Health Department web pages starting in October 2002.

Objective 3.2:

Provided leadership to Local Childhood and Lifespan Injury Prevention Coalition.

Serve as Publicity Committee Chairperson for the **Injury Free KC Coalition** which addresses **injury prevention across the lifespan**. Created and coordinated data driven Metro Wide Car seat fundraiser campaign, utilizing the media as key sponsors. The goal is to raise \$16,000 to purchase infant and booster seats for area residents.

Participated in Metro Wide Health and Safety Expos. Coordinated all publicity and promotion of injury prevention events and issues related to injury prevention.

Objective 3.2:

Served as a member of the **KC Safe City Initiative Task force**. Mayor's task force to develop strategic plan to make Kansas City a Safe City. Appointed by Health Department Director

Objective 3.2:

Served as a board member of **The Maternal Child Health Coalition of Greater Kansas City**. Serve as the Publicity Committee Chairperson responsible for creating awareness of issues effecting childbearing age women and children in the greater Kansas City area. Create press releases, Public Service Announcements, provide media training for the Executive Director of the Coalition. Act as media advisor on injury prevention legislation in MO and KS.

Objective 3.2:

Member of **RAPIO, Regional Area Public Information Officers** which addresses developing Risk Communication policies to prevent injuries from intentional or unintentional circumstances.

Objective 3.2:

Provided leadership for the **Health Department's Media Relations**.

- ❑ Provided consultation to the Director of Health concerning Risk Communication messages.
- ❑ Provided media training to Leadership Team, Program Managers and Program staff.
- ❑ Edited content material for press releases submitted to City Communications.
- ❑ Served as on-call Public Information officer in the event of a Public Health crisis.
- ❑ Coordinated media briefings, press conferences and coordinated local, national and international media inquiries.

Parking Lot

- Participate and complete Gov't Training Institute (WDS)
- Completing MARC 360 degree Supervisory Program (MH)
- Media Tracking is a major priority with Dr. Archer. Every month a summary report is created and distributed to all division managers. This report includes all media contact with health department employees that was reported using the media tracking form and submitted to Melissa Henrich. It also reflect the television summaries obtained from Media Library on a daily basis, the articles published in the Kansas City Star, and any contacts that were heard on the radio by a member of the HEHC staff.
- As part of the NACCHO/CDC Core Capacity project, I monitored the grant and provided assistance in completing the Health Communication deliverables.