

Domain 3: Inform and Educate about Public Health Issues and Functions

Domain 3 focuses on informing and educating the public. This domain assesses the health department's processes for continuing two-way communication with the public as standard operating procedure.

A role of the health department is to provide accurate and reliable information about how to protect and promote individual and family health. Health departments provide information about healthy behaviors, such as good nutrition, hand washing, and seat belt use. The public needs access to accurate and timely information in the case of particular health risks like H1N1, a food borne disease outbreak, or an anthrax attack. For information to be actionable, it must be communicated in a language and format that the population can access and understand. Messages need to be culturally appropriate and trusted. Public health departments also have a responsibility to educate the public about the mission, value, roles, and responsibilities of the health department and the meaning and importance of public health. Building and maintaining a positive, trustworthy reputation in all of its diverse communities is essential.

These educational responsibilities require a continuing flow of information. To be effective, information cannot be one-way. For the health department to communicate with the public accurately, reliably, and in a timely manner, it must gather and use information that it receives from federal, Tribal, state, and local health departments. To facilitate communication, it needs to have a relationship with community partners and the population and sub-groups of the population that it serves. Communication requires dialogue with the target population to assure that the message is relevant, culturally sensitive, and linguistically appropriate. Communication methods are changing rapidly through digital media such as Twitter and Facebook. Selected communication methods must be appropriate for the target audience, the urgency of the communication, and the type of information. In addition, the science of public health branding is developing rapidly. Branding is important for the department's image, reputation, and perceived value.

DOMAIN 3 INCLUDES TWO STANDARDS:

Standard 3.1:	Provide Health Education and Health Promotion Policies, Programs, Processes, and Interventions to Support Prevention and Wellness
Standard 3.2:	Provide Information on Public Health Issues and Public Health Functions Through Multiple Methods to a Variety of Audiences

STANDARD 3.1: Provide health education and health promotion policies, programs, processes, and interventions to support prevention and wellness.

Health promotion involves a wide range of social and environmental changes that allow and encourage the population to be healthy. Health promotion policies, programs, processes, and interventions are the mainstay of public health improvement efforts. Health promotion can involve health education, communication, working with the media and other stakeholders, social marketing, health equity, behavior change, environmental changes, community mobilization, community development, and policy changes.

Health education is an important component of encouraging the adoption of healthy behaviors. Health education provides the information needed to improve and protect their health. Health education involves gathering knowledge about the health issue and the target population and sharing that information in a manner and format that can be used effectively by the population.

STANDARD 3.1: Provide health education and health promotion policies, programs, processes, and interventions to support prevention and wellness.

MEASURE	PURPOSE	SIGNIFICANCE		
<p>Measure 3.1.1 A</p> <p>Information provided to the public on protecting their health</p>	<p>The purpose of this measure is to assess the health department's dissemination of accurate information to the populations that it serves concerning health risks, health behaviors, disease prevention, and wellness approaches.</p>	<p>A key activity in promoting population health is providing public health information that encourages the adoption of healthful behaviors and activities. To be effective, information should be appropriate for the target audience. It must be accurate, timely, and provided in a manner that can be understood and used effectively by the target population.</p> <p>Public health information can address a broad range of public health promotion messages:</p> <ul style="list-style-type: none"> • Health risks, for example, high blood pressure or high cholesterol. • Health risk behaviors, for example, tobacco use or unprotected sexual activity. • Disease, illness, or injury prevention, for example, seat belt use or immunizations. • Wellness, for example, health nutrition or physical activity. <p>Health information could address a combination of these targets and messages. For example, unprotected sex, needle sharing, and HIV transmission could combine aspects of health risks, health behaviors, and prevention.</p> <p>For the information to be trusted and understood, health education messaging must not be contradictory or confusing. Ideally, messaging needs to be coordinated with others who are providing public health information to the public.</p>		
REQUIRED DOCUMENTATION	GUIDANCE	NUMBER OF EXAMPLES	DATED WITHIN	
<p>1. The provision of information to the public on health risks, health behaviors, disease prevention, or wellness</p>	<p>1. The health department must document the provision of information to the public to address health risks, health behaviors, disease prevention, and/or wellness. Information must be accurate, accessible, and actionable. The need for cultural competence and consideration of health literacy must be taken into account. Information is expected to be provided in plain language with everyday examples.</p>	<p>2 examples</p> <p>(See details on following page.)</p>	<p>5 years</p>	

MEASURE 3.1.1 A, continued

	<p>Documentation must note the target group or audience, the program area, the date the information was shared or distributed, and the purpose for the information.</p> <p>Documentation could be, for example, a public presentation, distribution of a press release, media communications, brochures, flyer, or public service announcement.</p>	<p>The two examples can relate to the same message area, such as two items addressing disease prevention issues. The two examples must, however, be from different program areas, one of which must address a chronic disease program, for example, diabetes, obesity, heart disease, HIV, or cancer.</p>	
<p>2. Consultation with the community and target group during the development of the educational material/ messages</p>	<p>2. The health department must document steps taken to solicit input from the target audience during the development of messages and materials. Input is intended to help shape the final content, cultural competence, language, and real life situations of the target audience. The role of social and environmental factors must be addressed (rather than focusing primarily on the individual).</p> <p>Documentation could be, for example, a report of findings from a focus group, key informant interviews, or pull-aside testing. Documentation could also be minutes from a town meeting with the target population or a meeting of an advisory group representing the target population.</p>	<p>2 examples</p> <p>One example must come from one of the two program areas from which documentation was provided in 1, above</p>	<p>5 years</p>
<p>3. Health education messages that are coordinated with Tribal, state, and/ or local health departments; and/ or community partners</p>	<p>3. The health department must document communication with other health departments (Tribal, state, or local) or community partners to promote unified messaging.</p> <p>Documentation could be, for example, a fact sheet, an email or memorandum, meeting minutes where messaging was discussed, or documented phone conversation discussing the message.</p>	<p>2 examples</p>	<p>5 years</p>

STANDARD 3.1: Provide health education and health promotion policies, programs, processes, and interventions to support prevention and wellness.

MEASURE	PURPOSE	SIGNIFICANCE		
<p>Measure 3.1.2 A</p> <p>Health promotion strategies to mitigate preventable health conditions</p>	<p>The purpose of this measure is to assess the health department's strategies to promote health and address preventable health conditions.</p>	<p>Health promotion aims to enable individuals and communities to protect and improve their own health. Health promotion encourages positive health behaviors. Health promotion is a combination of health education, community change, environmental change (including the built environment) and organizational and social supports that provide conditions conducive to the good health of individuals, groups, and communities. Health promotion combines educational, political, regulatory, social, and organizational efforts.</p>		
REQUIRED DOCUMENTATION	GUIDANCE	NUMBER OF EXAMPLES	DATED WITHIN	
<p>1. A planned approach for developing and implementing health promotion programs</p>	<p>1. The health department must document a planned approach for developing and implementing health promotion materials and activities.</p> <p>A planned approach could be documented through, for example, policies and procedures, a health promotion communications plan, the use of a communications model or methodology (for example, CDCynergy), or other documentation that describes how health promotion programs are developed (including the use of data and community input).</p>	<p>1 example</p>	<p>5 years</p>	
<p>2. Development and implementation of health promotion strategies</p>	<p>2. The health department must document the development and implementation of health promotion strategies. The documentation must show how the strategies:</p> <ul style="list-style-type: none"> • Are evidence-based, rooted in sound theory, practice-based evidence, and/or promising practice. • Were developed with engagement of the community, including input, review, and feedback from the target audience. 	<p>2 examples</p> <p>The examples must come from two different program areas, one of which must address the prevention of a chronic disease.</p>	<p>5 years</p>	

MEASURE 3.1.2 A, continued

	<ul style="list-style-type: none"> • Focus on social and environmental factors (such as air quality or the built environment) that create poor health, discourage good health, or encourage individual behavioral factors that impact negatively on health. • Use various marketing or change methods including, for example, digital media and social marketing, as appropriate. • Were implemented in collaboration with stakeholders, partners, and the community. <p>Examples of health promotion efforts include biking pathways, farmers markets, public meeting places (to encourage social interaction), distribution of child safety devices, walking clubs, and smoke free zones.</p> <p>Documentation could be, for example, a portion of a program plan, a portion of a program strategic plan, minutes of a program planning meeting, part of a report developed for submission to a funding agency, evaluation report of the program, or other official description of the strategy.</p> <p>Due to the limited availability of evidence-based practices or promising practices in Tribal communities, Tribes may provide examples of practice-based evidence used to adapt models or create models based on a cultural framework.</p>		
<p>3. Engagement of the community during the development of a health promotion strategy</p>	<p>3. The health department must document that it solicited review, input, and/or feedback from the target audience during the development of the health promotion strategy.</p> <p>Documentation must include a description of the process and the results.</p> <p>Documentation could be, for example, findings from a focus group, key informant interviews or pull-aside testing. It could also include minutes from a town meeting or planning meeting with the target population or a meeting of an advisory group representing the target population.</p>	<p>2 examples</p> <p>One of the examples must be from one of the two program areas from which documentation was provided in Required Documentation 2, above.</p>	<p>5 years</p>

MEASURE 3.1.2 A, continued

4. Implementation of strategies in collaboration with stakeholders, partners, and/or the community

4. The health department must document that implementation of the strategies was in collaboration with stakeholders, partners, and/or the community. The stakeholders and partners associated with the strategy must be listed or community described. The documentation must define the stakeholders', partners', and/or community's relationship to and role in the strategy.

Documentation could be minutes of a program review meeting, a portion of a report developed for submission to a funding agency, an annual report, or other official description of the implementation of the strategy.

2 examples

One of the examples must be from one of the two program areas from which documentation was provided in 2, above.

5 years

STANDARD 3.1: Provide health education and health promotion policies, programs, processes, and interventions to support prevention and wellness.

MEASURE	PURPOSE	SIGNIFICANCE		
<p>Measure 3.1.3 A</p> <p>Efforts to specifically address factors that contribute to specific populations' higher health risks and poorer health outcomes</p>	<p>The purpose of this measure is to assess the health department's assessment, identification, and efforts to address factors that contribute to specific populations' higher health risks and poorer health outcomes, or health inequities.</p>	<p>Differences in populations' health outcomes are well documented. Factors that contribute to these differences are many and varied and include the lack of opportunities and resources, economic and political policies, discrimination, and other aspects of a community that impact on individuals' and population's resilience. These differences in health outcomes cannot be effectively addressed with programs and interventions; they require engagement of the community in strategies that develop community resources, capacity, and strength.</p>		
REQUIRED DOCUMENTATION	GUIDANCE		NUMBER OF EXAMPLES	DATED WITHIN
<p>1. Identification and implementation of strategies to address factors that contribute to specific populations' higher health risks and poorer health outcomes, or health inequity, including:</p> <p>a. Analysis of factors that contribute to higher health risks and poorer health outcomes of specific populations and the development of health equity indicators</p>	<p>1. The health department must document efforts to address health equity among the populations in the health department's jurisdiction. The health department must provide:</p> <p>a. The analysis of health inequity, factors that cause or contribute to it, and health equity indicators across communities or neighborhoods. Health equity indicators must be specific to the factors analyzed.</p> <p>Factors could be, for example, tax policies, community zoning, public education, transportation policy, and resource allocation.</p>		<p>2 examples</p>	<p>5 years</p>

MEASURE 3.1.3 A, continued

<p>b. Public health efforts to address identified community factors that contribute to specific populations' higher health risks and poorer health outcomes and to impact health equity indicators</p> <p>c. Internal policies and procedures to ensure programs address specific populations at higher risk for poor health outcomes</p>	<p>Indicators identified could be, for example, living standards, foreclosure rates, housing stock, transportation, safety, air quality, infrastructure (sewage, sidewalks, street design, etc.), employment and income levels, parks, and food access. Documentation of indicators would be the list of indicators identified.</p> <p>Documentation could be, for example, the results of an analysis in a report, white paper, briefing paper, or a memo.</p> <p>b. Plans and/or of efforts to address social change, social customs, community policy, level of community resilience, or the community environment to impact on health inequities.</p> <p>For example, the question “How do we motivate people to stop smoking?” can be rephrased as “What are the community conditions (e.g., stress, convenience stores, social norms) that encourage smoking?” Plans address the issue as defined as a community issue that impacts on higher health risks and poorer health outcomes of specific populations. Plans and/or reports will address efforts to work with those who set policy and make other decisions that impact the community’s health inequities.</p> <p>Documentation could be, for example, program plans, program goals and objectives, reports, or other written commitment to address the factors in 1a, above. Reports could be, for example, press releases, formal reports to governance and/or the community, or other written document that outlines efforts to be made or achievements.</p> <p>c. Internal policies and procedures for the inclusion of health equity considerations of specific populations (for example, racial/ethnic minorities, those who live in poverty, and people with disabilities), in program development (e.g., RFPs or program proposals or plans).</p>		
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STANDARD 3.2: Provide information on public health issues and public health functions through multiple methods to a variety of audiences.

Health departments must have processes and procedures for communicating with external audiences. Processes and procedures should address both accessing information from outside sources and communicating to people outside of the department. Effective public health communication requires a variety of methods and formats. Health departments should communicate with the public about their products and services, regulatory and policy activities, role in the community, and the value the departments deliver to the community. Also included are plans to communicate information to the public in times of calm and crisis, disasters, outbreaks, or other threats to the public's health.

STANDARD 3.2: Provide information on public health issues and public health functions through multiple methods to a variety of audiences.

MEASURE	PURPOSE	SIGNIFICANCE		
<p>Measure 3.2.1 A</p> <p>Information on public health mission, roles, processes, programs, and interventions to improve the public's health provided to the public</p>	<p>The purpose of this measure is to assess the health department's efforts to inform the public and stakeholders about the role and value of public health and the range of services and programs that the health department provides.</p>	<p>Public health means different things to different people at various times. Conveying the value, mission, roles, processes, programs, and interventions of the health department is a necessary step in building effective public health programs and ensuring sustained funding levels.</p>		
REQUIRED DOCUMENTATION	GUIDANCE	NUMBER OF EXAMPLES	DATED WITHIN	
<p>1. The provision of information provided to the public about what public health is, its value, and/or on the health department's roles, processes, programs, and interventions</p>	<p>1. The health department must document the distribution of information to the public about the role and value of public health and/or the health department's role, mission, and scope of processes, programs and interventions. The documentation must describe how the information was distributed, dates of distribution (or range of dates), and the purpose of the information.</p> <p>Documentation could be, for example, a copy of a presentation, advertisements or newspaper inserts, web posting, email or fax list-serve, fax cover sheet, brochure, services directory, or program flyers.</p> <p>The Tribal attorney may need to be included when crafting messages for the public and public health partners, especially for situations involving Tribal sovereignty, land and mineral disputes, or interactions with other local and federal government entities. Evidence of Tribal attorney use is acceptable documentation for items listed above, as appropriate.</p>	<p>2 examples</p>	<p>5 years</p>	

MEASURE 3.2.1 A, continued

<p>2. Relationship with the media to ensure their understanding of public health and to ensure that they cover important public health issues</p>	<p>2. The health department must document communication with the media.</p> <p>The media include print media, radio, television, bloggers, web reporters, and diverse media outlets (for example, urban radio stations; free community newspapers; migrant worker newspapers; immigrant, ethnically targeted, and non-English language newspapers or radio stations, etc.)</p> <p>Documentation could be, for example, a log of media contacts, a published editorial concerning a public health issue (written by a department staff person or member of the governing entity), an appearance on a television show (of a department staff person or member of the governing entity), or a radio interview (of a department staff person or member of the governing entity), minutes or other documentation of a meeting or phone call with editorial staff, and emails or other communications with bloggers.</p>	<p>2 examples</p>	<p>2 years</p>
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STANDARD 3.2: Provide information on public health issues and public health functions through multiple methods to a variety of audiences.

MEASURE	PURPOSE	SIGNIFICANCE	
<p>Measure 3.2.2 A Organizational branding strategy</p>	<p>The purpose of this measure is to assess the health department’s strategy to communicate the value of its products, services, and practices to external audiences.</p>	<p>Branding is a standard business practice to raise the visibility, perceived value, and reputation of an organization. Branding communicates what the health department stands for and what it provides that is unique and differentiated from other agencies and organizations. Branding can help to position the health department as a valued, effective, trusted leader in the community.</p>	
REQUIRED DOCUMENTATION	GUIDANCE	NUMBER OF EXAMPLES	DATED WITHIN
<p>1. A department brand strategy</p>	<p>1. The health department must provide a brand strategy that includes provisions or steps to:</p> <ul style="list-style-type: none"> a. ensure that department staff have a clear understanding and commitment to the brand of the health department, b. communicate the health department’s brand in a targeted manner (customized to different stakeholders) to convey the presence of the health department and the essential products and services that it delivers to its community, c. integrate brand messaging into organizational communication strategies and external communications (e.g., website, media releases, public service announcements, social media activities, speeches, grant applications, and promotional materials), d. use a common visual identity (logo) to communicate the health department’s brand, e. display appropriate signage inside and outside the health department facility, and f. link the branding strategy to the department’s strategic plan. <p>Documentation could be, for example, written health department policies, plan, or strategies or could be a separate branding strategic document.</p>	<p>1 policy, plan, or set of policies or strategies</p>	<p>5 years</p>

MEASURE 3.2.2 A, continued

2. Implementation of the department's branding strategy	2. The health department must document its implementation of elements of its branding strategy. Examples must implement plans, policies, or strategies as presented above.	2 examples	5 years
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STANDARD 3.2: Provide information on public health issues and public health functions through multiple methods to a variety of audiences.

MEASURE	PURPOSE	SIGNIFICANCE		
<p>Measure 3.2.3 A</p> <p>Communication procedures to provide information outside the health department</p>	<p>The purpose of this measure is to assess the health department's written procedures for communication to the public, partners, and stakeholders.</p>	<p>Written procedures and protocols that are put into practice ensure consistency in the management of communications on public health issues. Such measures also ensure that the information is in an appropriate format to reach target sectors or audiences. This includes responding to requests for information or materials that the health department distributes in its jurisdiction. Departments should answer information requests in a timely and appropriate fashion and should obtain appropriate reviews and approvals of information they disseminate.</p>		
REQUIRED DOCUMENTATION	GUIDANCE	NUMBER OF EXAMPLES	DATED WITHIN	
<p>1. Procedures for communications that include:</p> <ul style="list-style-type: none"> a. Dissemination of accurate, timely, and appropriate information for different audiences b. Coordination with community partners for the communication of targeted and unified public health messages 	<p>1. The health department must provide a copy of communication procedures. There is no required format for the procedures. The procedures must:</p> <ul style="list-style-type: none"> a. Describe the process for disseminating information accurately, timely, and appropriately. The procedures must define the process for different audiences who may request or receive information from the health department. b. Describe the process for informing and/or coordinating with community partners to promote the dissemination of consistent and unified public health messages that are accurate and appropriate for the audience. 	<p>1 procedure or one set of procedures</p>	<p>2 years</p>	

MEASURE 3.2.3 A, continued

<p>c. A contact list of media and key stakeholders</p> <p>d. A designated staff position as the public information officer</p> <p>e. Responsibilities and expectations for positions interacting with the news media and the public, including, as appropriate, any governing entity members and any department staff member</p>	<p>c. Include a contact list of media and key stakeholders related to the protocol; set forth when the contact list is to be used; and include the process for maintaining the contact list.</p> <p>d. Identify which department staff position is designated as the public information officer. The protocol must define this position's responsibilities, which must include: maintaining media relationships; creating appropriate, effective public health messages; and managing other communications activities.</p> <p>Documentation could be, for example, a job description or other description of responsibilities.</p> <p>e. Describe the responsibilities for all staff positions that may interact with the news media and the public. This may include guidance for specific staff positions, such as the director, public information officer, and representatives of the governing entity.</p>	<p>1 policy, plan, or set of policies or strategies</p>	<p>5 years</p>
<p>2. Implementation of communications procedures</p>	<p>2. The health department must document the department's implementation of the communications procedures listed in 1, above. The health department must provide public health messages disseminated outside the health department.</p> <p>Documentation could be a press release, email between the public information officer and the media, or other written communication to the media.</p>	<p>2 examples</p> <p>Examples must come from two different program areas, one of which is a chronic disease program.</p>	<p>2 years</p>

STANDARD 3.2: Provide information on public health issues and public health functions through multiple methods to a variety of audiences.

MEASURE	PURPOSE	SIGNIFICANCE		
<p>Measure 3.2.4 A Risk communication plan</p>	<p>The purpose of this measure is to assess the health department's plans for risk communication during a crisis, disaster, outbreak, or other threat. The goal is to ensure an accurate understanding of the actual and perceived public health risks, the possible solutions, and related issues and concerns voiced by experts and non-experts.</p>	<p>The purpose of the risk communication plan is to detail the communications and media protocols the health department will follow during a public health crisis or emergency. The risk communication plan outlines the decisions and activities that will be taken for a timely, effective response. The plan will detail public relations processes and give guidance on anticipating a crisis and responding effectively. It should also address how to prevent public alarm by dealing appropriately with misconceptions or misinformation.</p>		
REQUIRED DOCUMENTATION	GUIDANCE	NUMBER OF EXAMPLES	DATED WITHIN	
<p>1. Risk communication plan</p>	<p>1. The health department must provide a copy of the risk communication plan, protocol, or procedures.</p> <p>The plan must provide protocols that address how information is provided for a given situation; address how information is provided 24/7; delineate roles, responsibilities and chain of command; describe how information will be disseminated in the case of communication technology disruption; address how message clearance will be expedited; and describe how the health department will work with the media. The plan must also address preventing public alarm by dealing with misconceptions or misinformation.</p> <p>There is no required format for the plan; that is, it may be a part of a larger communications plan or part of an overall department emergency operations plan.</p> <p>A risk communication plan may be identified, for example, as an emergency communication plan, crisis communication policies, risk communication plan, or media communication plan..</p>	<p>1 plan</p>	<p>5 years</p>	

MEASURE 3.2.4 A, continued

For Tribal health departments, documentation may include referencing an existing, approved Tribal policy that identifies another Tribal employee or program (such as the Tribal emergency management planner) as being responsible for the risk communication plan and its implementation. For smaller Tribal health departments and programs, this measure could also be met with a written MOU or MOA with an external agency, such as a local health department, with clearly delineated roles for Tribal and non-Tribal staff and elected officials involved in the plan.

STANDARD 3.2: Provide information on public health issues and public health functions through multiple methods to a variety of audiences.

MEASURE	PURPOSE	SIGNIFICANCE		
<p>Measure 3.2.5 A</p> <p>Information available to the public through a variety of methods</p>	<p>The purpose of this measure is to assess the health department's use of a variety of methods and formats to keep the public informed about public health and environmental public health issues, health status, public health laws, health programs, and other public health information.</p>	<p>Health departments need the ability to present information to different audiences through a variety of methods, including information technology.</p>		
REQUIRED DOCUMENTATION	GUIDANCE	NUMBER OF EXAMPLES	DATED WITHIN	
<p>1. A website or web page that contains information on:</p> <ul style="list-style-type: none"> a. 24/7 contact number for reporting health emergencies b. Notifiable/reportable conditions link or contact number c. Health data d. Links to public health-related laws e. Information and materials from program activities 	<p>1. The health department must document that its website provides:</p> <ul style="list-style-type: none"> a. A 24/7 contact number for reporting health emergencies; b. Notifiable/reportable conditions line or contact number; c. Health data, for example, morbidity and mortality data; d. Links to public health related laws or public health code; e. Information and materials from program activities, for example, infectious disease, chronic diseases, environmental public health, prevention, and health promotion; 	<p>1 website</p>	<p>2 years</p>	

MEASURE 3.2.5 A, continued

<p>f. Links to CDC and other public health-related federal, state, or local agencies, as appropriate</p> <p>g. The names of the health department's leadership</p>	<p>f. Links to CDC and other public health-related federal, state, or local agencies, as appropriate; and</p> <p>g. The names of the health department director and the leadership team.</p> <p>The health department may have its own website or be part of another governmental website or internet domain.</p> <p>Documentation could be screen shots of the pages that contain the information required in each of the elements listed.</p>		
<p>2. Other communication strategies for informing the public about public health issues or functions</p>	<p>1. The health department must document the use of other methods used to make information available to the general public about public health issues and/or functions.</p> <p>Methods could include, for example, radio or television programs or interviews, brochures, flyers, newsletters, or digital media, Facebook or Twitter.</p>	<p>2 examples</p>	<p>5 years</p>

STANDARD 3.2: Provide information on public health issues and public health functions through multiple methods to a variety of audiences.

MEASURE	PURPOSE	SIGNIFICANCE		
<p>Measure 3.2.6 A</p> <p>Accessible, accurate, actionable, and current information provided in culturally sensitive and linguistically appropriate formats for target populations served by the health department</p>	<p>The purpose of this measure is to assess the health department's ability to convey public health information to the population it serves, including those who are hard to reach or who present language or cultural challenges.</p>	<p>Public health information must be understandable and usable by the target audience. Information should be accessible to all audiences in the jurisdiction served, whether they are non-English speaking, are hearing impaired, or have low literacy.</p>		
REQUIRED DOCUMENTATION	GUIDANCE	NUMBER OF EXAMPLES	DATED WITHIN	
<p>1. Demographic data regarding ethnicity and languages spoken in the community</p>	<p>1. The health department must provide demographic data defining the ethnic distribution and languages spoken in the jurisdiction served.</p>	<p>1 data report or multiple data sets</p>	<p>2 years</p>	
<p>2. Interpretation, translation, or other specific communication services</p>	<p>2. The health department must provide a list of staff or contractors who provide interpretation, translation, or specific communication services. Specific communication services may mean non-English speaking or low literacy or hearing impaired communications. These services are provided as needed, based on demographic data. The services do not have to be provided directly by the health department, but must be available when needed.</p> <p>Tribal health departments may have “Indian preference” policies that demonstrate the promotion of culturally appropriate interactions between staff and community members. CHRs or “Cultural Interpreters” may also be available to provide both translation and feedback from community members on program materials or services provided.</p>	<p>1 list</p>	<p>5 years</p>	

MEASURE 3.2.6 A, continued

<p>3. Assistive staff or technology devices</p>	<p>3. The health department must document assistance for the hearing and the visually impaired, or other assistive staff or technology devices.</p>	<p>1 example of assistive staff or devices</p>	<p>5 years</p>
<p>4. Public health materials that are culturally appropriate, in other languages, at low reading level, and/or address a specific population that may have difficulty with the receipt or understanding of public health communications</p>	<p>4. The health department must provide materials that are appropriate for a population who may have difficulty with the receipt or understanding of public health communications.</p> <p>Methods that target low-literacy individuals could include, for example, audio-visual formats and/or written materials that include images to support text.</p> <p>Documentation could be, for example, materials that are culturally or linguistically appropriate, or communicated for the hearing impaired.</p> <p>National Standards for Culturally and Linguistically Appropriate Services in Health and Healthcare is a resource for these efforts (http://thinkculturalhealth.hhs.gov/content/CLAS.asp)</p>	<p>2 examples are required; two examples must be from different program areas.</p>	<p>2 years</p>