



Monmouth County Regional Health Commission No. 1

Health Promotion and
Communication Strategy

2021
to
2024



Public Health
Prevent. Promote. Protect.

Monmouth County Regional Health Commission No. 1
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Mission

To ensure healthy people living in healthy, thriving communities through planning, education, and enforcement. Together we: prevent or reduce disease and injury; promote healthier choices and assure access to care through collaboration; and prepare for and respond to public health emergencies.

Vision

Healthy people living in healthy communities.

Description of Agency

The Monmouth County Regional Health Commission No.1 (MCRHC) is an independent public health commission that provides services to 17 municipalities in Monmouth County. The MCRHC is governed by the designated representatives from each of the 17-member shared service towns. They establish policies, ensure compliance with applicable Federal and State health laws and regulations, and are responsible for the proper management and oversight of all the agency's human resource, business, and financial matters. In accordance with state law, the MCRHC employs a licensed Health Officer, who acts as the administrator; numerous Registered Environmental Health Specialists who perform all required field inspections, complaint investigations, environmental tasks, and enforcement activities; and a Public Health Nurse who performs clinical activities such as administering vaccinations.

The MCRHC maintains a round-the-clock emergency notification system. By the nature of its activities and business, the MCRHC interacts with a wide variety of other governmental agencies, elected officials, organizations, community groups, and individual constituents. Staff responsibilities also include the dissemination of public information, fostering of public relations, and fulfilling Open Public Records Act requests. The regional health educator provides information to all age groups in the community and is a major feature of our prevention efforts. To best achieve our mission, health education is interwoven into every public health program. The MCRHC provides public health activities in compliance with the New Jersey Statute 26:3A 3-10, which requires that each municipality within New Jersey shall provide a program of public health services as mandated in New Jersey's Public Health Practice Standards, promulgated by the New Jersey Public Health Council and adopted into regulation in January 2003. The Practice Standards are the determined "best practices" for health services that health departments in New Jersey must provide to the residents in their service area.

Communities Served

Allenhurst
Fair Haven
Loch Arbour
Rumson
Spring Lake

Brielle
Interlaken
Middletown
Sea Bright
Spring Lake Heights

Deal
Little Silver
Monmouth Beach
Sea Girt
Tinton Falls

Introduction

This document provides a structure for describing the type of health promotion and health education actions and models that are used in each of the communities served by the MCRHC. It enables a shared understanding of the actions that can be taken to improve health and wellbeing. It also provides guidance about embedding a health promotion approach into all planning processes, programs and service development at the MCRHC.

This plan should be used in conjunction with health promotion tools and resources available from the Centers for Disease Control and Prevention (CDC), National Institutes of Health, the Robert Wood Johnson Foundation County Health Rankings, New Jersey Department of Health, New Jersey Department of Human Services, and the Monmouth County Risk Communication Plan.

The municipalities served by the MCRHC have diverse populations regarding age, language, culture, education, and income levels that require the provision of equally diverse public health service strategies. This plan does not address every issue in the service area, but it does address the major health concerns that have been identified through the Monmouth County Community Health Assessment, Healthy New Jersey 2020, and Healthy People 2030.

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RECORD OF CHANGES

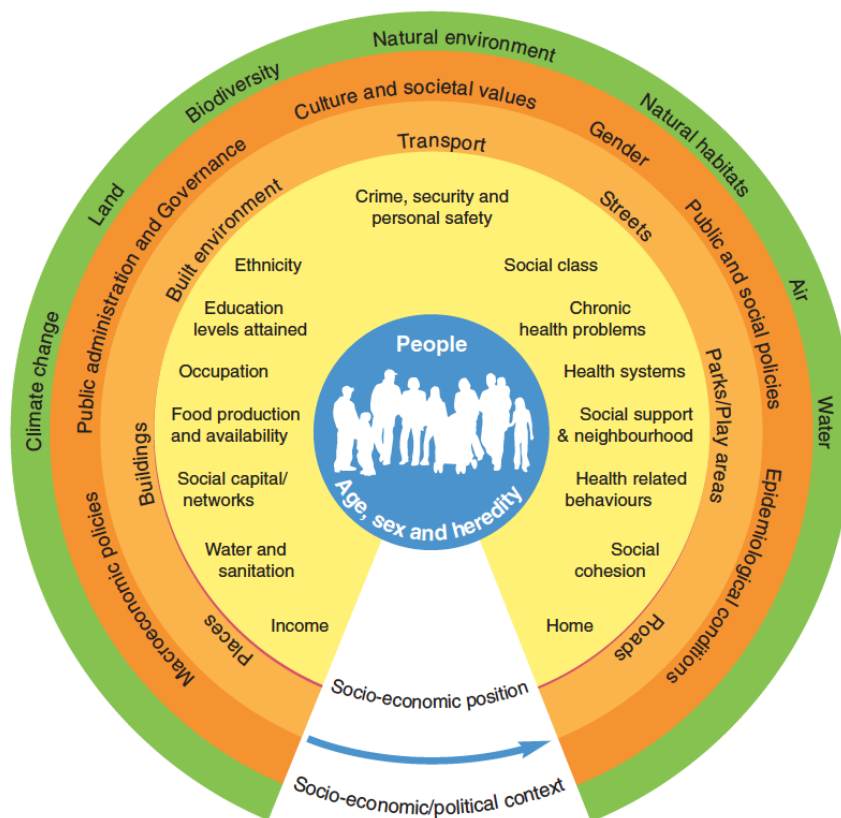
Publication Change History: All components of the Health Promotion and Communication Strategy should be reviewed 3 months prior to plan expiration. Any revisions should be made to all maintained copies and disseminated as necessary. Changes made should be documented in the following Record of Changes.

Description of Changes	Page #Revised	Revision Date	Created by/Changed by	Requested by
First approved version		2/15/17	D. Henry	
Revision of start date to 2017	Cover page	3/1/17	C. Polonsky	Board of Commissioners
Added <i>Development of program and materials section</i>	10	3/12/18	C. Polonsky	
Added Appendix A, B, and C	22, 23, 24	3/12/18	C. Polonsky	Shared to staff 3/12/18
Updated towns served, added efforts to work with community leaders who make an impact in high risk populations	2	2/1/2022	M.Kresge	
Updated Healthy People 2030 objectives.	Throughout & pg13-15			

Determinants of Health

The range of personal, social, economic, and environmental factors that influence health status are known as determinants of health. Health starts in our homes, schools, workplaces, neighborhoods, and communities. A person's health is determined by individual behavior (i.e., not smoking, getting recommended immunizations and screening tests, eating well and staying active, etc.). It is also determined in part by access to social and economic opportunities; the resources and supports available in our homes, neighborhoods, and communities; the quality of our schooling; the safety of our workplaces; the cleanliness of our air, food, and water; and the nature of our social interactions and relationships. The conditions in which we live explain in part why some Americans are healthier than others and why Americans more generally are not as healthy as they could be.

Health promotion programs and initiatives should attempt to create change at each factor that influence health. When possible, health promotion programs will consider the population's physical environment, social ties, availability, and accessibility to resources such as transportation, jobs, and healthcare. They should also be inclusive of community members in developing programs, and demonstrate cultural competency.



Source: Health Service Executive, The Health Promotion Strategic Framework

Policy, Systems and Environmental Change

Implementing health communication messages and campaigns alone will not be enough to achieve the goals and objectives of Healthy New Jersey 2020, Healthy People 2030, and the other goals set forth in this plan. A good way of defining policy, systems, and environmental change is “a way of modifying the environment to make healthy choices practical and available to all community members.” (CDC, Communities Putting Prevention to Work)

To be more specific, the three individual components of policy, systems, and environmental change address the following areas:

- Policy change includes the passing of laws, ordinances, resolutions, mandates, regulations, or rules.
- System change involves change made to the rules within an organization. Systems change and policy change often work hand-in-hand.
- Environmental change is a change made to the physical environment.

Source: Cook County Department of Health. *What Is 'Policy, Systems and Environmental Change.'* Communities Putting Prevention to Work.

Policy, systems, and environmental change focuses on changing the world in which people make decisions, either by providing a great number of smarter, healthier choices or by placing barriers to making unhealthy or harmful ones. This is a major shift from the traditional goal of health programs, which was to change individual behavior patterns. The model for changing individual behavior patterns relied upon humans being rational actors who, when presented with ways to live healthier lives, would then use that knowledge and change behavior accordingly. But if that were true, public health education would have stopped chronic disease, substance abuse, unwanted pregnancy, and the spread of preventable disease ages ago. That is not how people react. Instead, we now realize that changing the conditions under which people make decisions will have a far greater impact on their habits and choices.

For example, a school has identified a problem with obesity among its student population. A traditional health promotion strategy focused on individual change would be to host a nutrition fair as part of their health education curriculum. The event could provide information to students to encourage them to make healthier food choices. Using a policy, systems, and environmental change approach, different strategies would be used. The lunch menu could be changed to add healthier options or remove unhealthy ones, such as sugar-sweetened beverages. The school could choose to limit what types of foods could be consumed during class parties cutting down on excessive junk food consumption. A Safe Routes to School program could be implemented to encourage kids to walk or ride to school instead of taking the bus.

Difference Between Policy, Systems, and Environmental Change and Programs			
Setting	Identified Health Problem	Health Promotion Program/Event	Policy, Systems and Environmental Change
School	Obesity	Host a nutrition fair	Remove sugar sweetened beverages from vending machines. Change school policy to only allow healthy snacks for class parties.
Community	Lack of leisure time physical activity	Create a flyer encouraging residents to walk	Enact a Complete Streets policy to improve the town's walkability. Increase parking costs in the immediate downtown

		more	area to encourage people to walk or bike more. Install bike racks near popular destinations in town.
Worksite	High tobacco use rates	Provide information on quitting smoking	Make entire office campus smoke-free. Offer financial incentives for quitting.

Health promotion can be one of the tools applied to achieve policy, systems, and environmental changes with the use of public health data and evidence-based strategies. By educating decision makers on the benefits of certain policy changes, it is possible to increase the impact of the MCRHC’s health promotion efforts. When possible, MCRHC will work with community coalitions, schools, and municipal planning boards to use data to inform a systems change approach to improve health.

Health Promotion

The World Health Organization (WHO) acknowledges the growing evidence that health promotion and preventive health approaches are effective in improving overall health and wellbeing, reducing the burden of chronic disease and injury, addressing health inequalities, facilitating the better use of resources, and enhancing economic productivity. The WHO defines health promotion as “the process of enabling people to increase control over, and to improve, their health.” It represents a comprehensive approach to bringing about social change to improve health and wellbeing by expanding the focus beyond individual health behavior to include:

- Building healthy public policy – By going beyond educating the public and conducting programs, health promotion helps to put health in all policies. The intention is to inform policy-makers and key stakeholders about how seemingly unrelated policy decisions affect health. By focusing on equity, health, and sustainability, we can ensure that important decisions work to improve health outcomes, not harm them. Examples include: adding bike lanes on local streets; passing no-smoking ordinances in parks; and school immunization policies. The American Public Health Association, along with other prominent public health organizations, published the “Health in All Policies: A Guide for State and Local Governments” booklet which should serve as a resource.
- Reorienting the health services – Health care providers are not the only ones with a responsibility to promote policies that improve health. Individuals, health professionals, institutions, and governments all have a shared stake in health promotion. This requires a shift from traditional understandings of healthcare to include preventive care and policies. Therefore, a physician may advise patient on local smoking cessation programs; a police department can recommend drug treatment programs or implement drug prevention programs; or a youth program coordinates a suicide prevention program. The ultimate goal is to make sure that health promotion reaches people where they live, work, and play, and not just when they show up in the doctor’s office.
- Creating supportive environments – As humans we are constantly affected by the world around us. The best way to help someone make healthy changes is to create an environment supportive of that goal. This involves looking at the social, economic, and physical environments that people exist in and find ways to improve them to create conditions that allow healthy choices to be the easy choices. Examples include: healthy food vending machines at worksites or hospitals; not providing sugar sweetened beverages at worksite meetings; and offering discounted fruits and vegetables in school cafeterias and bodegas.

- Strengthening community action – This action is centered around communities coming together to achieve a common goal. Health promotion supports community groups in setting priorities, making decisions, planning strategies, and then implementing them. At the heart of this process is the empowerment of communities. Examples include: developing alcohol-free events for young people; engaging school community (teachers, administration, parents and students) in creating a drug education and prevention program; or pulling together diverse community groups to create a Community Health Improvement Plan.
- Developing personal skills – For people to make healthy changes, they need the knowledge to understand why it's important and to develop skills on how to do it. Health promotion supports personal and social development by providing information, education for health, and enhancing life skills that create continuous health benefits. Examples include: Health education program in school that teaches comprehensive sexual health, providing free resources marketed to community, brochures at medical offices about preventable diseases such as meningitis and rubella.
(Ottawa Charter for Health Promotion WHO, 1986)

Monmouth County Regional Health Commission No. 1's Health Promotion Plan

Creating healthy communities and encouraging Monmouth County residents to be as healthy as they can be is the focus of this Health Promotion Plan. This plan addresses modifiable risk factors for the leading causes of death, disability, and reduced quality of life issues. This plan can be applied to each of the 10 Public Health Essential Functions and will work to prevent needless injuries, disabilities, and premature deaths.

Although the goals and objectives set out in the Healthy New Jersey 2020 plan, Healthy People 2030 and the Community Health Assessments serve as a framework for the MCRHC Health Promotion Plan, it is not possible to address all objectives in each document due to a lack of human resources and financial limitations. However, the most recent data from the Monmouth County Community Health Assessment, New Jersey State Health Assessment Data, the 2010 U.S. Census and other sources has been reviewed and analyzed to shape MCRHC's health promotion plan. Our plan will focus health promotion in the following priority areas:

- Chronic Disease Prevention
 - Cardiovascular Disease – Heart Disease and Stroke
 - Diabetes
- Childhood Immunizations
- Healthy Eating and Active Living
- Sexually Transmitted Infections, including HIV/AIDS
- Substance Abuse and Mental Health
- Tobacco Use including vaping

MCRHC respects and honors the diversity of the 18 towns we serve. We envision neighborhoods that are healthy, livable, walkable, bikeable, and safe. To achieve the objectives set out by this plan, Healthy New Jersey 2020, Healthy People 2030, and the current Monmouth County Community Health Improvement Plan, MCRHC will work extensively with local partners and coalitions and help mobilize communities. MCRHC will utilize health literacy tools and cultural competency skills that address health equity. MCRHC will engage high risk populations first by assessing the populations in our towns, and secondly by working closely with businesses, faith groups and others who serve such communities and thirdly by working with

municipal leaders to educate them to evaluate ordinances with a public health lens. Further, we recognize that many of the goals set forth by the aforementioned plans require additional efforts focused on education geared towards key stakeholders in the community.

Health promotion efforts and health communication strategies will be developed based in part on data and identified priority areas from:

- The Centers for Disease Control and Prevention
- New Jersey Department of Health
- Monmouth County Community Health Assessment
- Monmouth County Community Health Improvement Plan
- Monmouth County Regional Health Commission No. 1 Strategic Plan
- Monmouth County Risk Communication Plan

Development of Program and Health Education Materials

MCRHC will adhere to the [NJ Practice Standards 8:52-6.1 Health Education and Health Promotion](#) (see Appendix A). All MCRHC health promotion programs that are developed or revised shall take into account the following considerations during the planning process:

1. The issue being addressed aligns with and supports local, state, national and/or funding priorities;
2. The program addresses populations at a higher risk for poorer health outcomes in order to impact health inequities;
3. The program considers inclusion of health equity factors for specific populations;
4. The program considers community factors that encourage or discourage health;
5. The program includes the use of evidence-based strategies and/or promising practices;
6. The target population was engaged in the design, development and implementation of the program;
7. Program implementation strategies include collaboration with, or consideration of, partners and stakeholders;
8. The program includes plans for evaluation and continuous improvement; and
9. The health promotion program does not negatively impact or counter other programming efforts within MCRHC.

All MCRHC staff planning or revising health promotion programs shall use the Health Promotion Program/ Materials Checklist (Appendix B) and/or the [CDC Simply Put](#) guide to guide their work.

- The checklist includes the topics that should be considered when planning or revising any health promotion program and includes a description and additional resources to aid in planning.
- The completed checklist is to be saved along with other program-related planning files for future reference.

Translation Services (see Appendix C) should be used when considering creating culturally and linguistically appropriate materials for the public.

Measurable Indicators

Based on trend data, current scientific knowledge, and available resources, the projected goals and objectives represent a challenging but achievable level of activities and services. This plan takes into consideration the issue of health disparities between racial, ethnic, gender, and age groups. The MCRHC

attempts to address equal access to comprehensive, culturally competent, community-based health education programs that are committed to serving the diverse needs of individuals and promoting community health.

The following identified health indicators from the Healthy New Jersey 2020 and Healthy People 2030 align with our vision, mission and goals, the results of the Monmouth County Community Health Assessment, the goals of the NJ State Chronic Disease Plan, and the Shaping NJ Obesity Prevention Plan. The identified indicators will be used to guide health promotion program development and activities at MCHRC.

Chronic Disease: Heart and Stroke	
Healthy New Jersey 2020	Healthy People 2030 Objective
Reduce the death rate due to coronary heart disease. (ICD-10 codes: I11, I20-I25)	Reduce coronary heart disease deaths
Reduce the stroke death rate. (ICD-10 codes: I60- I69)	Proportion of adults aged 18 and older who have had their blood cholesterol checked by a health professional within the past five years.
	Increase the proportion of adults who have had their blood cholesterol checked within the preceding 5 years

Chronic Disease: Diabetes	
Healthy New Jersey 2020	Healthy People 2030 Objective
Increase the proportion of adults with diabetes who have a glycosylated hemoglobin measurement (AC1) at least twice a year to 59.4%.	Increase the proportion of adults with diabetes who get a yearly urinary albumin test
	Increase the proportion of adults with diabetes using insulin who monitor their blood sugar daily

Childhood Immunizations	
Healthy New Jersey 2020	Healthy People 2030 Objective
Increase the percentage of young children who receive effective vaccination coverage levels for universally recommended vaccines by a given age	Maintain the vaccination coverage level of 2 doses of the MMR vaccine for children in kindergarten

Healthy Eating and Active Living	
Healthy New Jersey 2020	Healthy People 2030 Objective
Prevent an increase in the proportion of high school students in grades 9-12 who are obese. Targets are 10.3% for the total population, 8.2% among Whites, 16.5% among Blacks, and 14.4% among Hispanics.	Reduce the proportion of children and adolescents with obesity.
Increase the proportion of high school students that meet current physical activity guidelines for moderate or vigorous physical activity to 23.4% among the total population, 25.4% among Whites, 20.5% among Blacks, and 20.6% among Hispanics.	Increase the proportion of health care visits by adults with obesity that include counseling on weight loss, nutrition, or physical activity

Sexually Transmitted Diseases	
Healthy New Jersey 2020	Healthy People 2030 Objective
Increase the proportion of adolescents who talked to a parent or guardian about reproductive health topics before they were 18 years old	Reduce infections of HPV types prevented by the vaccine in young adults
	Increase the proportion of adolescent males and females who used a condom the last time they had sex

Substance Abuse	
Healthy New Jersey 2020	Healthy People 2030 Objective
	Increase the proportion of adolescents who think substance abuse is risky

Tobacco Use	
Healthy New Jersey 2020	Healthy People 2030 Objective
Reduce the proportion of high school student (grades 9-12) nonsmokers exposed to secondhand smoke to 43.3% in the total population, 46.9% among Whites, 41.8% among Blacks, 38.7% among Hispanics, and 27.9% among Asians.	Reduce current tobacco use in adults (any use in past 30 days)
Reduce current tobacco use (cigarettes, cigars, smokeless tobacco, bidis) by high school students (grade 9-12) to 20% among all students, 21.5% among Whites, 19.5% among Blacks, and 22.6% among Hispanics.	Reduce current tobacco use in adolescents
	Increase past-year attempts to quit smoking in adults

Public Health Infrastructure	
Healthy New Jersey 2020	Healthy People 2030 Objective
Increase the percentage of local public health agencies actively participating in county-wide community public health partnerships to 100%.	Increase use of core and discipline-specific competencies to drive workforce development
Increase the proportion of local health departments that achieve voluntary national accreditation to 75%.	Monitor the education of the public health workforce

Health Communication

The United States Department of Health and Human Services states that similar to health promotion, the principles of effective health communication can be used to plan and create initiatives at all levels, from one brochure or website to a complete communication campaign. Successful health communication programs involve more than the production of messages and materials: they use research-based strategies to shape the products and determine the channels that deliver them to the right intended audiences.

The planning steps described in this model can help make any communication program work, regardless of size, topic, geographic span, intended audience, or budget. Important questions to ask while in the planning stages of program development that help shape a program are:

- Can communication planning help us achieve all or some of our aims?
- How can health communication fit into our existing program?
- What theories, models, and practices should we use to plan our communication program?
- What types of evaluation should we include?
- Does our message provide a unified message with other local health departments and officials?

The Centers for Disease Control and Prevention (CDC) created tools and examples of communication efforts and social marketing techniques that can be utilized to shape health education and health promotion messages. CDCynergy and the Gateway to Health Communications and Social Marketing Practice are just two examples of resources created by CDC. Additionally, the Community Tool Box developed by the Work Group for Community Health and Development at the University of Kansas provides an in depth guide to health communication and promotion as well as other topic areas. Each of these resources will be examined and considered when beginning a health campaign or program.

Additionally, coordinating with state officials as well as other local public health authorities helps to 1) alleviate constrained resources that may exist and 2) has a potential for greater impact. When possible and applicable, messages should be crafted with other statewide professionals to show conformity and a unified message to the public. All crafted messages must be able to show conformity with other proven evidence based public health messages. This can be accomplished by researching the issue at hand to answer the who, what, where, when and how questions and then determine how to craft that message appropriately.

The following guidelines will be used when possible to develop and deliver health communication messages that support MCHRC health promotion activities:

CHARACTERISTICS OF EFFECTIVE HEALTH COMMUNICATION CAMPAIGNS

Certain attributes can make health communication campaigns more effective. Use the following guidelines in this section to plan your campaign:

Define the communication campaign goal effectively:

- ◆ Identify the larger goal
- ◆ Determine which part of the larger goal could be met by a communication campaign
- ◆ Describe the specific objectives of the campaign; integrate these into a campaign plan

Define the intended audience effectively:

- ◆ Identify the group to whom you want to communicate your message
- ◆ Consider identifying subgroups to whom you could tailor your message
- ◆ Learn as much as possible about the intended audience; add information about beliefs, current actions, and social and physical environment to demographic information

Create messages effectively:

- ◆ Brainstorm messages that fit with communication campaign goal and the intended audience(s)
- ◆ Identify channels and sources that are considered credible and influential by the intended audience(s)
- ◆ Consider the best times to reach the audience(s) and prepare messages accordingly
- ◆ Select a few messages and plan to pretest them

Pretest and revise messages and materials effectively:

- ◆ Select pretesting methods that fit the campaign's budget and timeline
- ◆ Pretest messages and materials with people who share the attributes of the intended audience(s)
- ◆ Take the time to revise messages and materials based upon pretesting findings

Implement the campaign effectively:

- ◆ Follow the plans you developed at the beginning of the campaign
- ◆ Communicate with partners and the media as necessary to ensure the campaign runs smoothly
- ◆ Begin evaluating the campaign plan and processes as soon as the campaign is implemented

Source: National Cancer Institute. (2009) *Making Health Communication Programs Work (rev. Ed)*. US Department of Health and Human Services. National Institutes of Health. Bratic Arkin, Elaine.

The Stages of Health Communication Process

To help with planning and developing a health communication program, this model is divided into four stages: Planning and Strategy Development; Developing and Pretesting Concepts, Messages, and Materials; Implementing the Program; and Assessing Effectiveness and Making Refinements. The stages constitute a circular process in which the last stage feeds back into the first as you work through a continuous loop of planning, implementation, and improvement.



Adopted from National Cancer Institute. (2009) *Making Health Communication Programs Work (rev. Ed)*. US Department of Health and Human Services. National Institutes of Health. Bratic Arkin, Elaine.

Audience Segmentation

Audience or market segmentation is key to creating effective communications tools and strategies. That is because, in the world of social marketing and communication, there is no such thing as the “general public”. All communications products – posters, brochures, ads, etc. – have a specific audience, whether it was planned or not. Many times, what we see people identify as “for general audience” is actually aimed directly at people in their own demographic group. For example, college-educated, middle-aged, white health professionals often create materials aimed directly at college-educated, middle-aged, white health professionals. When developing materials and social marketing campaigns careful planning and input from the community the message is intended for should be considered. This process is called message targeting.

Targeting audiences boils down to understanding the audience. Which characteristics will be appropriate for their needs and preferences? Will such characteristics influence the participation in and benefit from a program? Which approaches are should drive the processes of setting objectives and selecting promotional strategies and methods for each audience.

Source: Centers for Disease Control and Prevention. *Segmenting Audiences to Promote Energy Balance: Resource Guide for Public Health Professionals* Department of Health and Human Services, Division of Nutrition, Physical Activity, and Obesity.

Communication Procedure

One of Monmouth County Regional Health Commission No. 1's responsibilities is to develop and nurture relationships with local, regional, and national media outlets. Below is an updated communication procedure for MCRHC. This procedure is intended to define the approved channels and process for delivering information, news and public relations materials to the media and other external audiences.

The Health Officer for MCRHC serves as the information liaison for matters pertaining to health between MCRHC and the external communities. The Health Officer is responsible for a broad range of public relations functions including developing and disseminating MCRHC information from the commission's board. All press releases, media advisories and position papers intended for external audiences must be routed through the Health Officer, specifically (Henry, David at dhenry@mcrhc.org). The following procedures are intended to proactively facilitate the effective dissemination of news and information to the external community and media in a consistent and cohesive manner.

General Procedures

1. **Media Access to MCRHC Facilities:** Although municipal offices are an open for the public, access for media requires prior approval from the Health Officer. In the event a reporter reaches out to staff, please inform the Health Officer. In the event the reporter is requesting access to a MCRHC staff member, or program, a MCRHC staff member must either provide approval and/or accompany the media representatives to facilitate the visit. Without prior permission from the Health Officer, access to offices and all health department files is strictly prohibited. Media personnel who interfere with or delay MCRHC's normal operations may be asked to contact the Health Officer for more information. In crisis situations, staff are instructed to refrain from making any statement on/or off the record to any media representative, and to refer them immediately to the Health Officer.
2. **News Releases/Media Advisories:** The Health Officer and the Regional Health Educator are the only MCRHC representatives permitted to distribute news releases on behalf of the Monmouth County Regional Health Commission No. 1. All communications to media should be directed through the Health Officer to maintain a professional, journalistic communication style and ensure materials are reviewed for a consistent, appropriate public image. Additionally, MCRHC staff will have the opportunity to integrate key branding and updated information into the messages as they pertain to their expertise or municipalities. For all news releases and media advisories, the Health Officer will either assist or create and distribute on behalf of the municipality or the MCRHC. If a staff would like a press release created, he or she must provide details with the request (WHO, WHAT, WHEN, WHY and WHERE) to the Health Officer and the Regional Health Educator. Articles can be drafted and submitted for editing. They must be approved by the Health Officer prior to dissemination.

Release approval will be made based on the following:

- a. Is the release keeping within MCRHC's mission;
- b. Is the release appropriate to appeal to the news media or other intended audiences;
- c. Will the release help to meet MCRHC branding, communications, and marketing goals;
- d. Will the release produce the desired results?
- e. Does the release meet the standards and recommendations of the MCRHC Commissioners?

Press release definition: A complete description of an issue or event after it has taken place. Media Advisory: A brief announcement to the general media about an activity or upcoming event.

3. **Contact with External Media and Key Stakeholders:**

- a. Employees of MCRHC shall notify the Health Officer upon any request for comment from the media. This is done in an effort to coordinate a consistent response. Staff have the right to refuse to participate in any news opportunity.
- b. All public health occurrences, both positive and negative, which involve the MCRHC or employees, where a media outlet is seeking a comment, should be directed to the Health Officer.
- c. News Conferences: The Health Officer, in conjunction with the MCRHC Commissioners or President are the only entities granted the authority to call and hold public health related news conferences on behalf of the Monmouth County Regional Health Commission No. 1.
- d. Spokespeople: The Health Officer is the official spokesperson for MCRHC. However, where appropriate the Health Officer may allow other personnel to perform interviews or stand-in as a Subject-Matter-Expert for a specific story. Although MCRHC staff are free to discuss topics related to their areas of professional expertise, no one is permitted to speak on behalf of MCRHC, or the Municipality in question, nor interpret Municipality policy, unless designated by Health Officer as a spokesperson. A Commissioner should be aware he/she will be making comments on behalf of the Board as a whole. Communication with the media should be shared with the Health Officer and Board of Commissioners in advance of said media inquiry, when feasible. It is the responsibility of anyone on MCRHC staff or the Board to inform the Health Officer as soon as possible in order to release a shared message.
- e. The Health Officer is the official public information officer for the Monmouth County Regional Health Commission No. 1. His or her responsibilities are outlined within but also will include:
 - Signing off on all press releases
 - Maintaining media relationships by responding to inquiries as well as providing preventative public health information
 - Creating appropriate and effective public health messages.
 - Managing other communication activities as spelled out on page 6, Social Media Policies.
 - Keeping the governing body informed as well as Administration of all media inquiries
- f. Public Record inquiries: New Jersey Open Public Records Act (OPRA) currently has a public records procedure and all public records inquiries should be directed to the Recorder/Human Resources Coordinator, Nancy Ippolito.
- g. Coordination / contact list: Communication with community partners should be coordinated based upon the public health issue to those potentially affected. MCRHC staff will collaborate with the Health Officer to determine who on the stakeholder contact list is notified. The media and stakeholder list will be updated annually along with the communication procedure. The list shall also be updated upon hearing of a position change either on the media or stakeholder contact list. The contact list shall be available to all as they are saved on the MCRHC shared

drive (S://). All staff shall consider the list an ever-changing document and should updated on their own as necessary.

- h. Dissemination of accurate, timely and appropriate information to different audiences: Dissemination is the targeted *distribution* of information and intervention materials to a specific public health or clinical practice audience. The intent is to spread knowledge and the associated public health-based interventions. Dissemination occurs through a variety of channels, social contexts, and settings. Evidence dissemination has several very broad goals: (1) to increase the reach of evidence; (2) to increase people’s motivation to use and apply evidence; and (3) to increase people’s ability to use and apply evidence. The media contact lists shall be used to reach print media. The key stakeholder contact list shall be used to reach difference audiences. Based upon the public health event and type of stakeholder, information will be disseminated specifically. For example, if guidance on food recalls is pertinent to our area, an educational campaign will be initiated to retail food establishments.

Branding Strategy

Approved MCRHC Logo:

The approved Monmouth County Regional Health Commission No. 1 logo, contains the US Public Health Service symbol. On the circumference, the words Monmouth County Regional Health Commission 1936 are written in black, with stars on either side of the year. A second approved MCRHC logo used, is similar to the first but commemorates the 80th anniversary with 1936 – 2016 as the date. A third logo which also commemorates the 80th anniversary is the number 80 with two sparkles and the National Association of County and City Health Officials (NACCHO) public health logo overlapping the “0”. The forth logo is the NACCHO public health logo. The logo example below shows how to display if black and white copy only.



Public Health
Prevent. Promote. Protect.



Public Health
Prevent. Promote. Protect.
YEARS OF SHARED
PUBLIC HEALTH
SERVICES

Brand Logo:

The MCRHC brand logo was created when MCRHC was established. It raises visibility of MCRHC services/programs externally to the community. The MCRHC logo is unique to our agency. MCRHC documents and attire (flyers, brochures, promotional materials, grant applications, public service announcements, presentation/speeches, meeting documents, advertisements, media releases, e-mail signatures, social media sties, clothing, writing plans and policies etc.) are branded with the MCRHC logo. The website is the only location where the logo emblem is used rather than the image logo provided above. MCRHC is dedicated to branding our agency to educate the community on the services/programs we provide to fulfill our mission and vision statements. Furthermore, stakeholders collaborating with MCRHC through meetings, written communication, writing formal documents and/policies will be aware of the MCRHC logo, as it is available on all MCRHC documents (official MCRHC letterhead, agendas, sign-in sheet, meeting minutes, and the Commissioners approved plans and policies).

Audience Promise:

The MCRHC promises that the branding of our agency will be pertinent and true to all services/programs provided to audiences targeted by the MCRHC. The intention of the MCRHC logo is to make our services/programs more visible to the community.

Appropriate Branding Signage:

The MCRHC logo and name are posted inside and outside the health department facility to serve a consistent reminder to internal and external constituents that the visible branding of MCRHC displays our commitment to serving as a valued and trusted leader in the community.

Staff Commitment:

For those hired prior to January 31, 2017: The MCRHC staff have agreed to support the branding strategy and to abide by the branding strategies set forth in this document. MCHRC staff have a clear understanding that the branding strategy of MCRHC was established to provide a unified presence that raises our visibility and perceived value in the community. It is a mutual understanding that all external documents marketing services/programs will be branded with the MCRHC logo and will always be visible to the general public when applicable.

Glossary of terms

These definitions are based on World Health Organization's glossary of terms.

Create supportive environments – the protection of the natural and built environments, and the conservation of natural resources must be addressed in any health promotion strategy.

Determinants of Health: The range of individual, behavioral, social, economic, physical and environmental factors that determine the health status of individuals or populations.

Empowerment for Health: The process by which people gain greater control over decisions and actions affecting their health.

Enabling: Taking action in partnership with individuals or groups to empower them, through mobilization of human and material resources, to promote and protect health.

Equity: Equity means fairness. Equity in health is about equality of health opportunity, where everyone has an equal opportunity to develop and maintain their health through fair and just access to resources required for good health. Consequently, this may result in different approaches for different groups in the community dependent on their particular needs i.e. gender, age, cultural background/language, education, and remoteness (urban and rural) from services.

Health: A state of complete physical, mental, and social wellbeing and not merely the absence of disease or infirmity.

Health Education: Opportunities for learning, involving some form of communication designed to improve health literacy, including improving knowledge and developing life skills which are conducive to health.

Health Literacy: Is the knowledge, cognitive and social skills which determine the motivation and ability of individuals to gain access to, understand and use information in ways which promote and maintain good health.

Health Promotion Sustainability: Sustainable health promotion actions or programs are those that can maintain their benefits for communities and populations beyond their initial stage of implementation. Sustainable actions can continue to be delivered within the resources or capabilities of stakeholders with consideration to finances, expertise, infrastructure, natural resources and human resources.

Partnerships: Agreement between two or more partners to work cooperatively towards a set of shared health outcomes. In health promotion practice, this involves a wide range of partners, from individuals to families, communities, organizations, businesses and governments.

Social Justice: A social justice orientation for health is one that addresses the rights of individuals and communities, social inequities, community empowerment and self-determination and shared decision making. A basic principle of social justice is to ensure equitable distribution and access to essential resources for a healthy and satisfying life.

Social Marketing: Application of commercial marketing technologies to the analysis, planning, execution and evaluation of programs designed to influence the behavior of target audiences in order to improve the health and wellbeing of individuals and society.

Supportive Environments for Health: These include the physical and social environments where people live, work and play. A supportive environment offers people access to resources, opportunities for empowerment and protection from threats to health. It enables them to expand their capabilities and develop self-reliance in the management of their health and well-being.

Resources

The Centers for Disease Control and Prevention (CDC) A-Z Index: a navigational and informational tool that helps the user quickly find and retrieve specific information. The index includes common and scientific terms to meet the needs of consumers as well as health professionals. www.cdc.gov

CDCynergy: a multimedia guide to developing, implementing and evaluating public health messages. There is also CDCynergy Lite which focuses on social media marketing. <http://youth.gov/federal-links/cdcynergy>

CDC Tools for Community Action – Healthy Communities Program: includes tools, guides, reports, etc. for working with various communities. <http://www.cdc.gov/healthcommunitiesprogram/tools/>

CDC Workplace Health Promotion: a toolkit for workplace health protection and promotion. It provides information, tools, resources, and guidance to practitioners interested in establishing or enhancing workplace health and safety programs. <http://www.cdc.gov/workplacehealthpromotion/>

The Community Guide: a free resource to help choose programs and policies to improve health and prevent disease in your community. <http://www.thecommunityguide.org/>

Community Commons: an interactive mapping, networking, and learning utility for the broad-based healthy, sustainable, and livable communities' movement. <http://www.communitycommons.org>

Georgetown University National Center for Cultural Competence: a guide to choosing and adapting culturally and linguistically competent health promotion materials. http://nccc.georgetown.edu/documents/Materials_Guide.pdf

Health Resources in Action: resources to resolve today's most critical public health issues through policy, research, prevention, and health promotion. <http://hria.org/resources/public-health-toolkits.html>

National Association of County and City Health Officials (NACCHO) Toolbox: a free, online collection of local public health tools produced by members of the public health community that can be used to inform and improve the promotion and advancement of public health objectives. <http://www.naccho.org/toolbox/>

National Institutes of Health: how to write easy to read health materials. <http://www.nlm.nih.gov/medlineplus/etr.html> and how to make health communication programs work at <https://pubs.cancer.gov/ncipl/detail.aspx?prodid=T068>.

New Jersey Department of Health: NJ State Health Assessment Data (NJSHAD) provides public health statistics and data, reports and other data related information such as the Health New Jersey 2020 Health Indicators and more. <https://www26.state.nj.us/doh-shad/>

Office of Disease Prevention and Health Promotion. identifies the Health People 2020 objectives and their details. <https://www.healthypeople.gov/2020/>

Office of Minority Health: offers tools and resources to help communicate effectively with patients and clients. https://www.thinkculturalhealth.hhs.gov/Content/communication_tools.asp

Robert Wood Johnson Foundation: Comprehensive resources to support healthy communities. <http://www.rwjf.org/en/our-work.html>

This is Public Health: a resource for anyone who is interested in educating others about public health issues or the field of public health. The materials are suggestions or templates, which can either be used as is or tailored to suit specific audiences. <http://www.thisispublichealth.org/toolkit-about.html>

Appendix A: New Jersey Practice Standards Excerpt 2015

SUBCHAPTER 6. HEALTH EDUCATION AND HEALTH PROMOTION

8:52-6.1 Scope and purpose

This subchapter addresses the strategies that promote health and quality of life. This service includes any combination of health education and related activities which are designed to facilitate behavioral and environmental adaptations to protect or improve health. This process enables individuals and communities to control and improve their health status. This service also provides opportunities for individuals to identify problems, develop solutions, and work in partnerships which build on existing skills and strengths.

8:52-6.2 Health education and health promotion services

- (a) Each local health agency shall provide a comprehensive health education and health promotion program which is developed and overseen by a health educator and provides integrated support to the daily operation of the local health agency.
- (b) Each local health agency shall implement and evaluate culturally and linguistically appropriate population-based health education and health promotion activities that are developed in accordance with the Community Health Improvement Plan.
- (c) Each local health agency shall ensure that health education and health promotion services provide the core public health functions and the delivery of the "10 essential health services" at N.J.A.C. 8:52-3.2
- (a) 1 through 10 that shall include, but not be limited to:
 1. Assessment and analysis of individual and community needs and assets;
 2. Planning of theory-based health education programs which includes the development of appropriate and measurable objectives;
 3. Implementation of population-based health education programs which match various educational strategies and methods to the identified issues. Strategies may include, but are not limited to, direct programming, train-the-trainer programs, community organization methods, media campaigns, and advocacy initiatives;
 4. Provision of process, impact, and outcome evaluation of health education programs in order to measure achievement and success;
 5. Management of health education programs, personnel, and budgets;
 6. Development of in-service training programs for staff, volunteers, and other interested parties;
 7. Recruitment and training of volunteers to build and support community coalitions and partnerships;
 8. Identification of and facilitation among agencies and community resources to reduce duplication and enhance services;
 9. Provision of client referral and assistance to health and social service resources;
 9. Development of risk communication plans to manage community concern and convey appropriate and accurate information;
 10. Advise and/or serve as a spokesperson and liaison to the media;
 11. Provision of public health advocacy for policies and funding that support social justice principles and which will improve the health status of communities;
 12. Provision of grant writing to support local health agency objectives, the Community Health Improvement Plan, and health education programs;
 13. Development of audio, visual, and print materials which support program initiatives; and
 14. Use of quantitative and qualitative research techniques to advance the quality of public health practice.
- (d) Each local health agency shall plan and develop health education programs and interventions regarding the uninsured, underinsured, immigrant, indigent, and other vulnerable populations within its jurisdiction.
- (e) Each local health agency shall inventory health promotion and health education services delivered by all agencies in their jurisdiction. This inventory shall compare the existing services with those outlined in the Community Health Improvement Plan in order to identify gaps, reduce duplication, and to identify opportunities for collaborative partnerships.

Appendix B: Health Promotion Program/Materials Checklist



**Monmouth County Regional Health Commission No. 1
Health Promotion Program/Materials Checklist**

This checklist can be used to ensure that critical factors in project design are considered during the planning process of any health promotion program or materials. The checklist includes the topics to be considered, a description and additional resources to aid in planning.

Project Name: _____

Staff Member Name: _____ Date Completed: _____

Topics	Yes	No	N/A
<p>Issue Identification: <i>The issue being addressed aligns with and supports local, agency, state, national and/or funding priorities.</i></p> <p>Community priorities should inform issue identification and support decision making. Priorities may be driven by existing community health planning efforts, the MCRHC strategic plan, community input, funding/grants, and political will. Resources include, but are not limited to: Community Health Improvement Plan, MCRHC Strategic Plan, <i>Monmouth County Community Health Assessment</i> data and other issue specific reports created by the MCRHC, Health Improvement Coalition of Monmouth County, or Monmouth County Government.</p>			

<p>Primary Population <i>The program/material addresses populations at a higher risk for poorer health outcomes in order to positively impact health inequities.</i></p> <p>The primary population for health promotion programs should be clearly defined so that interventions can be designed and tailored for those individuals and populations at highest risk/need. As data are available, population breakdowns may be included in county reports by race, gender, geographic location, etc. Information regarding the primary population may also be gathered through community input. (See Community Engagement below.)</p>			
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<p>Health Equity <i>The program/material considers inclusion of health equity factors for specific populations.</i></p> <p>Not everyone has the same opportunities to be healthy. We see differences in health based on race, ethnicity, neighborhood, sexual orientation, and other factors. Health inequities are differences in health status and death rates that are unfair or unjust.¹ These differences are sustained over time and are beyond the control of individuals².</p>			
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<p>Community Factors that Impact Health <i>The program considers community factors that encourage or discourage health.</i></p> <p>Factors that positively or adversely influence health include social determinants of health, existing policies, the physical and built environment, and accessibility of programs and resources (including program location, cost and transportation). <i>Health Impact Assessment</i> (HIA) is a tool used to ensure that health is considered in all policies, projects, plans or key decisions within our community.</p>			
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Topics	YES	NO	N/A
<p>Evidence Based/Promising Practices <i>The program/material includes the use of evidence-based strategies and/or promising practices.</i></p>			
<p>Evidence-based practice is based on evaluation research that highlights interventions that have been found to be effective. See the MCRHC Health Promotion and Communication Plan. The National Institute of Health also provides resources on best practices and promising programs.</p>			
<p>Community Engagement <i>The target population was engaged in the design, development and implementation of the program/material</i></p>			
<p>Engaging the community helps create buy-in and ownership of health promotion programming and provides critical information for successful design and implementation. MCRHC can reference the Minnesota Department of Health Community Engagement Guidebook for strategies.</p>			
<p>Collaboration with Partners and Stakeholders <i>Program implementation strategies include collaboration with, or consideration of, partners and stakeholders.</i></p>			
<p>Program planners should check with the Health Officer to identify existing community partnerships that could be leveraged during the planning/revision process. These collaborations should be utilized to gather feedback on program design and implementation. This feedback should be taken into consideration in the planning efforts and then communicated back to the group to demonstrate the community-informed changes.</p>			
<p>Evaluation <i>The promotion program includes plans for evaluation and continuous improvement.</i></p>			
<p>Program planners should collaborate with stakeholders to determine key process, impact and outcome performance indicators prior to determining program goals and objectives. Methods for data collection, analysis and reporting processes should also be considered in this process. The <i>CDC Framework for Program Evaluation</i> may assist planners to establish evaluation measures for the program. The MCRHC Performance Management and Quality Improvement Plan, and Regional Health Educator are available to assist in program evaluation.</p>			
<p>Other MCRHC Programs <i>The program/material does not contradict other programming efforts within MCRHC.</i></p>			
<p>From time to time, a proposed strategy or incentive for one program may contradict strategies or messages in another program. MCRHC staff should remain vigilant when planning programs to avoid contradicting the messages or strategies set forth in another program area.</p>			

¹World Health Organization, *Concepts and Principles for Tackling Social Inequalities in Health*, prepared by Margaret Whitehead and Goran Dahlgren, 200.

²Bay Area Regional Health Inequities Initiative (BARHII), *Local Health Department Organizational Self- Assessment Toolkit for Addressing Health Inequities*, addition to Whitehead and Dahlgren definition. Retrieved December 12, 2012 from glossary at http://www.barhii.org/resources/downloads/self_assessment_toolkit.pdf.

Appendix C: Translation Services



Monmouth County Regional Health Commission No. 1
1540 West Park Ave., Suite 1
Tinton Falls, NJ 07754
732-493-9520

Translation/Interpretation Services

Language	Contact	Phone
Spanish	Adriana Agudelo	In-house
Language Line Personal Interpreter Service PIN # 58705870		1-888-808-9008

2/1/2022