

City of El Paso

Department of Public Health

**Health Promotion, Education, and
Communications Manual**



March 2013

Health Promotion, Education, and Communications Manual

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Health Promotion, Education, and Communications Manual

Introduction

The City of El Paso Department of Public Health has a mission to work in partnership with people in our community to promote and protect the health of the Borderland. El Paso, Texas is located along the border between New Mexico and Texas and serves an international boundary of the United States and Mexico.

Health, however, has no borders. El Paso has a unique public health situation because it shares immediate geographical proximity to Ciudad, Juárez, Chihuahua, Mexico, and has a high percentage of Hispanics, most of whom are Mexican American or of Mexican origin. Monitoring health is vital in preventing disease and essential in agenda setting, policy making, health promotion, and education.

The Department of Public Health has contractual agreements with the County and five municipalities within the County (Anthony, Clint, Horizon, Socorro, and Vinton). Over 50% of the budget is funded through federal, state, and local grants.

The structure of the Department of Public Health is made up of divisions and programs. The Health Education and Promotion Division serves to coordinate such activities and offers specific health information to the public. However, it is the responsibility of each program to promote their services and provide program-specific information to their intended audiences and to the public as a whole. In addition, there is a Public Affairs Officer (PAO) whose main function is dealing with the media and ensuring public health messages and events are broadcast to the community in a systematic way. Again, each program is responsible to provide accurate and timely information to the PAO for such dissemination. Streamlining these processes assures that health promotion, health education, and public health communication are provided to the residents of El Paso and surrounding communities in a thoughtful, professional manner.

This manual serves to assist the employees of all programs to follow established procedures for purposes of health promotion, health education, and public health communication.

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Acknowledgements

The City of El Paso Department of Public Health would like to thank the Health Education, Promotion, and Communications Workgroup for their valuable assistance in creating this manual. The group is made up of internal and external representatives with substantial experience in health promotion and communication, community engagement and outreach, and community wellbeing. Their dedication to this project is highly appreciated and their perspectives of the community we serve helped to ensure a quality manual.

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Special thanks to Dr. Holly Mata for serving as a mentor to the Department of Public Health on this project. Her insight and judgment have brought cohesion to the group and a sense of purpose and excitement to the project.

In addition, we deeply appreciate the leadership and guidance of Ms. Angela Mora. Her vision and commitment to move the Department of Public Health forward with accreditation and quality improvement have been an inspiration. Her legacy will remain in place for years to come.

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Demographics

Located on the U.S./Mexico border in the world's largest bi-national metropolitan area with a total population of nearly three million people, the City of El Paso Department of Public Health serves a diverse and dynamic region. Recent U.S. Census Bureau estimates indicate that 827,398 people live in El Paso County. Recognizing that a variety of socio-demographic characteristics influence health, the information presented here is meant to provide insight into the health communication needs of our population. Key facts to consider:

Selected Population Characteristics

Hispanic/Latino	81.4%
Non-Hispanic White	13.7%
Black	3.6%
Asian	1.2%
American Indian & Alaska Native	1.0%
Speak a language other than English at home (in most cases Spanish)	74.1%
Linguistically isolated (speak English less than very well, and speak another language at home)	30.16%
Living below Poverty level	25%
Children living in Poverty	36%
Percentage of the population under age 18 years	29.7%
Percentage of population aged 65 years or over	10.3%
High school graduate or higher	72%
Median household income	\$38,259

Other Selected Determinants of Health

Persons age 25+ with a Bachelor's degree or higher	19.8%
High school students graduating within 4 years	80.7%
Adults with no high school diploma or equivalent	29%
Adults receiving sufficient social and emotional support all or most of the time	73.2%
Receive Supplemental Nutrition Assistance Program (SNAP) benefits	25.12%
Adults with no health insurance coverage	30.02%
Adults with no consistent source of primary care	41%
Adults who have never been screened for HIV	59.9%
Adults who consume too few fruits and vegetables	77.5%
Adults who are physically inactive	28.5%
Adults who smoke some days or everyday	13%

Overall, our population is predominantly Hispanic and likely to speak Spanish at home. Many people consider themselves bilingual and bicultural. El Paso County is one of the poorest counties in the U.S., and educational attainment is lower than average. Our population is significantly more likely to be uninsured and lack access to routine healthcare services. These and other social determinants of health are important to consider in health communications. In many ways our population is vulnerable to health disparities, which are differences in health status that are due to social inequalities. Although understanding the overall population data is important, accessing data at the neighborhood level when available is key to providing programs and communications that will promote health and health equity among the people we serve.

*Sources for demographic data and health profile listed on reference page
For most current demographic data please reference the Community Health Needs Assessment*

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Health Profile

This brief profile of community health is intended to provide insight into the health needs, strengths, and priorities of our population. Health indicators highlighted here align with priorities identified through our collaborative regional strategic health framework, Healthy People 2020, and our Community Health Improvement Plan.

Obesity/Diabetes/Fitness/Nutrition

Most recent data suggest that obesity is of great concern in our community, with 31.8% of adult El Pasoans reporting a BMI of 30 or higher in 2010. Healthy eating and active living is a priority area in all age groups, and health communications in this area, as in all health indicators highlighted here, should reflect an understanding of the impact of social determinants of health in addition to individual health behaviors and clinical care.

Mental Health/Behavioral Health and Wellness/Substance Use and Abuse

Mental health services and substance use disorder treatment access are limited across the region, and health communications can help promote behavioral health, reduce stigma and encourage help-seeking while stakeholders collaborate to increase availability of care. Although adult smoking rates have declined significantly (13.3% in 2010 compared with 15.8% in Texas and 17.1 % nationwide), smoking rates among people living in poverty, with low education, and with no health insurance have not declined at the same rate, reflecting national disparities in tobacco use and exposure to second hand smoke. Health communications in this area can promote stronger smoke free policies, such as in parks and multiunit housing, and can promote cessation in groups most at risk.

Healthy Sexuality/Teen Pregnancy

Teen birth rate (77.5 per 1,000 compared with 62.6 in Texas and 41.2 in the US) and STI incidence are areas of great concern, and reflect the influence of a wide range of social determinants of health as well as lack of access to healthcare screening and treatment. Health communications in this area should be tailored to specific priority populations and can address cultural influences, social norms and contextual factors, and individual risk behaviors that contribute to sexual and reproductive health.

Other Health Outcomes

Relative to state and national averages, El Pasoans are less likely to be at risk for asthma, heart disease, homicide, infant mortality, and premature death. Areas of high risk include cervical cancer, prostate cancer, poor general health, and having a disability.

The role of Health Communications

Health communications can promote public health through culturally and linguistically appropriate services, tailored to identified priority health issues and populations. In addition to socioeconomic status, many factors contribute to health behavior and outcomes. Some of these include public policy, ethnicity, religious and cultural affiliation, military/veteran status, sexual orientation and gender identity, citizenship/immigration status, neighborhood context, and individual and family risk behaviors. It is especially important to reach people within our community who may be marginalized or at risk for particular health issues. Improving the health of our most vulnerable people builds health equity and contributes to community health and wellbeing.

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Intended Audiences

As is evident from our demographic profile, our population in El Paso County is predominantly Hispanic and mostly Mexican or Mexican American. Our communications strategies and health promotion and education programs acknowledge some common cultural influences but reflect our understanding that Hispanics are not a homogenous group, nor is ethnicity the most important factor in effective health communications. Recognizing and responding to the diversity of the Hispanic/Latino experience is key to engaging priority populations throughout the United States, and is perhaps even more important in international and multicultural environments. U.S. – Mexico border regions have always been diverse, but throughout the U.S. Hispanics are the largest and fastest-growing ethnic group, and the majority of Hispanics are Mexican American (U.S. Census Bureau, 2011). Common cultural characteristics of Mexican/Mexican American populations to consider in health promotion programs and communications include (CDC, 2012):

- Family and community are typically prioritized more so than individual needs
- Demographically, compared with their non-Hispanic counterparts in the U.S., Hispanics are younger, have larger households, and have more children
- Hispanics have less access to health insurance and are less likely to have a regular health care provider
- Language is important, and bilingual communications are often preferred
- Generational differences can be substantial, and are influenced by many factors such as level of acculturation, proximity to immediate and extended family, and social determinants of health such as income and education level
- Particularly in border regions, Mexicans/Mexican Americans may be likely to combine modern medicine with traditional healing practices
- Promotores (Community Health Workers) are often a trusted source of health information, and play an important role in health promotion programs
- Radio and television (e.g., PSA's and telenovelas) are popular communication channels

It is important to note that although our Health Communications are tailored *in general* to reflect the socio-demographic characteristics of our population, they are also tailored *in particular* to specific priority populations within our community. When developing health communication strategies, we consider the demographic and health profiles of our population, as well as psychosocial characteristics (e.g., attitudes, self-efficacy, social support) that help us segment our audience most effectively. Combining demographic, health status, and psychosocial information is more effective than relying on single indicators (Boslaugh, Kreuter, Nicholson, & Naleid, 2005) and facilitates tailoring of programs and communication. For example, programs designed to increase physical activity in our community might take into account age, sex, current health status, workplace support of physical activity, neighborhood walkability and park accessibility, cultural attitudes about exercise, and perceived self-efficacy to engage in a particular activity. Accordingly, wherever possible, local data should be used to develop the most accurate profile of the intended audience, and health communications should be tailored as specifically as possible. Culturally and linguistically appropriate services are as important to good health communications as they are to good healthcare.

Health Promotion, Education, and Communications Manual

Health Communication Strategies

Determinants of health are multifaceted and complex, and include social, political, environmental, contextual, behavioral, and genetic factors (Warnecke et al., 2008). Communication strategies should reflect a multilevel approach to health promotion. Developing and sustaining partnerships with stakeholders in the health sector, as well as with stakeholders in other sectors such as housing, transportation and education, is key to effective communication with community members. Health information should be communicated to audiences in the settings in which they live, work, and play, and communication strategies should be grounded in communications theory and science. Health communications generally include the following components (CDC, 2011; CDC 2012; CDCNPIN, 2012):

- Identifying what is known about the health issue/health problem
- Determining what role communication will play
- Prioritizing and understanding the audience
- Developing the message and testing with the priority population
- Selecting communication channels
- Creating and testing materials to communicate the message
- Developing a marketing/promotion strategy
- Communicating the message and evaluating the messaging process
- Evaluating the impact of the message

The strategies for health communications were developed in partnership with a diverse group of community partners, and reflect the vital role that public health departments play in communicating about health issues and health promotion opportunities. Our strategies reflect our regional and organizational commitment to achieving health equity. Health equity means that all people have a fair opportunity to attain their full health potential (Braveman et al., 2011). Our efforts to promote public health are aligned with the overarching goals of Healthy People 2020 (USDHHS, 2012), and the National Prevention Strategy (USDHHS, 2011) which prioritize 1) healthy and safe community environments; 2) clinical and community preventive services; 3) empowered people; 4) elimination of health disparities; and 5) achievement of health equity for all people.

In addition to supporting our Community Health Improvement Plan, our strategies are also tightly aligned with existing regional assessments and identified priorities, in particular components of Plan El Paso (City of El Paso, 2013) and the 2012 Collaborative Regional Strategic Health Framework (Paso del Norte Health Foundation, 2012).

Serving a population that is more than 80% Hispanic (predominantly of Mexican origin), our communication strategies reflect the need for public health approaches that are culturally relevant and culturally situated (i.e., developed *from* community participation and community priorities rather than simply tailored *to* community members) (Trickett et al., 2011). The Resources section highlights publications, government websites, and organizations focusing on Hispanic/Latino health and health promotion with Hispanic populations, and will be of value to public health departments throughout the U.S.

Most of the staff is bilingual and bicultural, reflecting regional demographics. Although many of our communication strategies reflect our predominantly Mexican American population, we recognize the diversity of the U.S. Hispanic population, as well as the diversity of the population we serve in El Paso. Accordingly, we use a variety of strategies to communicate to our population in general as well as to specific priority populations.

Strategies (Assessment)

- Identify health problems and decide if use of communication should be part of interventions
- Identify the intended audience for the health communication program and determine the best ways to reach them
- Develop and test communication concepts, messages, and materials at the right health literacy level and appropriate language
 - With a majority Mexican American population, we aim to provide bilingual (English and Spanish) and culturally relevant messages and materials. Using local data at the neighborhood level (e.g., educational attainment; language spoken at home; teen pregnancy rates) helps guide our messaging to priority populations
- Develop and test communication concepts, messages, and materials with representatives of the priority population
 - Messaging and materials are often developed with specific audiences in mind (e.g. family members on a military base; migrant farmworkers) and should be assessed with input from the intended audience
- Assess how effectively the messages reached the priority population and modify communication programs if necessary
 - Seek ongoing input from stakeholders to evaluate message reach and impact
 - Monitor local data and respond to emerging trends or health issues

Strategies (Communication Channels)

- Apply communication theories to develop communication materials
 - Capitalize on the availability of evidence-based resources, such as the CDC (2011) Gateway to health communications and social marketing practice
- Collect, present, and use local data
 - Become skilled in technology that allows access to high-quality local data
 - Engage with local stakeholders who have data to share
- Use and display communication materials in different places such as busses, community centers, churches, schools, and health fairs
 - Know the intended audience; know where to target the messages; and know how they prefer to receive information
- Provide information using social media, advertising, print media, mass communication (radio and TV)
- Use a variety of health related messages through multiple channels
- Select the right channels of communication for specific audiences
- Tailor information to priority populations

- Understand health needs, community assets, and availability of resources
- Develop and test communication concepts, messages, and materials at an appropriate level of education

Strategies (Outreach)

- Use sign-in sheets at every health department event or program
- Send education materials to schools and community centers to be distributed through their channels
- Create bright and easy identifiable logos for every program
- Provide information about public health mission, roles, processes, programs and interventions using communication materials
 - Provide information in as many settings as possible, tailoring messaging to the setting (e.g., schools, workplaces, parks, nightclubs)
- Use nametags for identification
- Ensure appropriate signage inside and outside facilities
- Use current means of outreach such as websites, social media, smart phone applications, etc.
- Use partnership development to provide influence and credibility as well as provide resources to the health department

Strategies (Appropriateness & Accurate Information)

- Disseminate accurate, timely, and appropriate information for priority audiences
- Use appropriate language and translation in all communication materials
 - Communication materials should be culturally and linguistically appropriate for the audience
 - Reflect regional language and cultural preferences
- Provide 24/7 contact number for reporting health emergencies in web pages
- Disseminate materials about types and sources of services available
- Provide information about other health resources/providers
 - Provide information about services offered through non-health sectors
- Use social and behavioral theories to develop communication materials
 - Provide staff easy access to research and promote professional development
 - Encourage consistent use of science-based resources
- Content in materials should be valid, without errors of fact, interpretation or judgment
 - Review and proofread materials for content and readability

Strategies: Consistency

- Create and place accessible materials according to the audience, message complexity, and purpose
- Information should be consistent across different communication materials
- Use and promote evidenced-based programs and curriculums
 - Adapt and tailor to priority population when appropriate while maintaining fidelity of the program

- Create environments that are supportive to health
 - Develop and sustain partnerships with stakeholders in the health sector, as well as with stakeholders in other sectors such as housing, transportation, and education
 - Communicate to audiences in the settings in which they live, work, and play

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Policies, Procedures, and Plans

The City of El Paso Department of Public Health has adopted the following policies, procedures, and/or plans related to Health Promotion, Health Education, and Communication.

- A-C 500 - Public Information and Communication
 - D 525 - Health Promotion and Education
 - E 530 – Health Emergency/Health Campaign Mobilization
 - F 535 - Speaker’s Bureau
 - G 540 – Promotional Supplies
 - H 545 – Medical and Social Services Referrals
 - I 550 – Outreach Safety
 - J-K 555 – Department of Public Health Website
-
- L1-37 Crisis and Emergency Risk Communication (CERC) Plan

CITY OF EL PASO DEPARTMENT OF PUBLIC HEALTH POLICY AND PROCEDURES

SUBJECT: Public Information and Communication Policy	NUMBER:	500
	PAGE:	1 of 3
APPROVED:	D A T E S	
<hr style="width: 35%; margin-left: 0;"/> <div style="text-align: center; margin-left: 100px;">DATE</div>	Effective:	March 2013
Director	Revised:	
	Reviewed:	

PURPOSE: To ensure that all information and communication originating from the City of El Paso Department of Public Health (DPH), is accurate, timely, and effective, and to maximize the DPH's representation in the community through a variety of means including, but not limited to print materials, the media, social media, and public events.

REFERENCES:

DEFINITIONS:

Department of Public Health Spokesperson: The staff member designated most qualified to handle a media inquiry on a particular issue or topic on behalf of the DPH. A DPH Spokesperson may be chosen by the Department's Health Director, Deputy Directors, and/or Program Managers.

Media statements: Any verbal or written statements provided to the media by a DPH Spokesperson.

Written Media Statement: Media releases or comment prepared in the DPH format, whether printed in hardcopy or for electronic distribution.

Verbal Media Statements: Responses, interviews and comments provided in person or by telephone/teleconferencing/web casts to the media.

Media Release or Press Release: A written or recorded communication directed at members of the news media for the purpose of announcing something claimed as having news value. Sometimes news releases are sent for the purpose of announcing news conferences.

Media Advisory: A media advisory alerts the media, in a concise manner, to upcoming events and developments pertinent to the DPH and its programs. This is like an invitation providing only important questions: Who, What, When, Where, and Why.

Print Materials: Any document that is printed using DPH funds or equipment for the purpose of promoting, educating, or describing DPH program activities and/or awareness.

Approve: Refers to the authorization of the content of media statements.

DPH Format: The prescribed format provided by DPH Public Affairs Officer.

Public Affairs Officer: Refers to the DPH staff who functions as the person in charge of media activity and relations.

News/Press Conference: A news conference is a media event staged by an individual or group wishing to attract media coverage for something claimed to have news value. Television stations and networks especially value news conferences.

Social Media: Includes but is not limited to internet based sites such as Twitter, Facebook, MySpace

CITY OF EL PASO DEPARTMENT OF PUBLIC HEALTH POLICY AND PROCEDURES

SUBJECT: Public Information and Communication Policy

NUMBER:

500

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POLICY: Media activities for the Department of Public Health (DPH) shall be channelled through the Department's Public Affairs Officer (PAO). The PAO will coordinate public messaging with collaborating community partners when appropriate.

PROCEDURE:

1. Media Statements by Authorized DPH Spokespersons

A. Interviews or release of information may not be granted to the media without the prior approval of the Public Health Director, Deputy Director, or Program Manager.

B. If a reporter asks a question or asks to interview an employee, he/she will politely decline and explain that the Public Affairs Officer must first be contacted for approval. The employee shall ask the reporter for his or her name, the name of the publication, television or radio station, a telephone number, and the topic which they wish to discuss as well as their deadline for the interview and contact his/her supervisor and the Public Affairs Officer with this information. The Public Affairs Officer will inform the Public Health Director and appropriate Deputy Director or Program Manager of the media inquiry. The Public Health Director, appropriate Deputy Director, or Program Manager will designate a spokesperson to handle the media inquiry. Whenever possible, the Public Affairs Officer will assist to ensure media representatives are professionally greeted and assisted during their visit.

C. The Spokesperson shall not give information to the media until the information can be assessed for accuracy. Whenever possible use every means of communication to present information that will offset rumors and misstatements.

D. Prior to clients being interviewed or photographed by the media, a Photo Release Form must be completed and placed in the client's file. In the case of a minor or incompetent, the parent (s) or guardian shall complete the consent form. Forms may be obtained through the Public Affairs Officer.

E. As a matter of courtesy, the Public Affairs Officer will always return media calls, if only to state that a spokesperson is not available or no comment is available at this time.

F. Only the DPH Director or his/her designee may approve media statements on topics or issues relating to DPH as a whole. This encompasses opinions voiced on behalf of the DPH, comments on the DPH operational matters, developments in DPH policies or major activities undertaken by the DPH. Any DPH staff member approached by the media to offer such views or comments should seek the advice of the DPH's Public Affairs Officer.

G. All written media statements made by authorized DPH Spokespersons should be issued by the DPH Public Affairs officer or, in her/his absence, through the City's PIO Office.

H. The Public Affairs Officer has the authority to prevent or delay the issue of a media statement if, in his/her professional judgment, he/she believes it will be detrimental to the interests of the DPH, pending the decision of the DPH Director.

I. Program Managers are responsible for the accuracy of information issued by their particular program and their approval before issuing to the DPH Public Affairs Officer. Releases with grammatical errors will be returned to sender for corrections.

J. To maintain open and honest communication with the media, DPH spokespersons will not provide comments to the media "off the record"

2. Press Releases and Press Conferences

A. Requests for press/media releases should be submitted in writing to the Public Affairs Officer as early as possible. The document submitted should be formatted as a press release to be reviewed and edited by the PAO. Statistics and historical information should be provided whenever possible. A spokesperson should also be selected to serve as an expert for media inquiries including on camera interviews.

B. Epidemiological events that could create a public interest such as confirmed cases of a notifiable condition should be relayed to the Public Affairs Officer by the Lead Epidemiologist as soon as possible.

C. The press release will be submitted for approval to the Health Director, Deputy Director, and Health Authority for approval.

(1) Only after approval from the Health Director or Deputy Director will the release be sent via the media distribution list.

(2) Patient information will be limited to age, gender and the patient's residency zip code.

(3) Changes or updates to the press release will follow this same chain of command.

- D. Press conferences may be held for major or newsworthy events at the discretion of the City Office of the PIO.
 - (1) Authorized press conferences are coordinated by the DPH Public Affairs Officer and requesting program.
 - (2) Programs holding a press conference are responsible for developing media kits in collaboration with the Public Affairs Officer.
- E. Press releases and press conferences will be scheduled as follows:
 - (1) Press releases will be sent out 1-2 weeks before an event when possible
 - (2) Media Advisories will be sent out 1-2 weeks before an event, or as determined in the promotional plan
 - (3) Media Follow-Up- will be sent out as circumstances dictate
 - (4) Press conferences are announced a week prior to the event

F. The organizer of any public event that the DPH or DPH program is hosting will submit a one page fact sheet to the 2-1-1 call center. The document should include a contact phone number and email address for inquiries that cannot be easily answered. If the press release contains all of the required information including contact information, it can be used instead of the one page fact sheet.

In order to effectively promote events through the media, the DPH Public Affairs Officer recommends that a meeting be scheduled to develop a plan of action and timelines for promotion of specific events, services, or health messages.

3. Print Materials

- A. All print materials originating from the DPH will provide accurate and reliable information.
- B. Information will be presented using appropriate wording, suitable for the reading and comprehension level of the target audience.
- C. Information will be provided in the language(s) that are appropriate for the target audience and or provide information in a secondary language directing the reader to the location of further information in that language.
- D. When possible, materials created in-house will go through a review process that includes but is not limited to members of the intended audience, subject matter experts, language experts, graphics experts, etc. to ensure materials are presented in the most professional manner possible.
- E. When possible, the DPH logo should be placed in a location that is clearly visible, large enough so that it can easily be read by the general public. The logo should be prominently placed, and the first logo in a row of logos, and the top logo in a column of logos whenever possible.
- F. The DPH logo should not be compromised or altered including modifications to the shape of the logo, altering the color scheme, changing the text, or creating any unnecessary variations that would hinder its overall appearance, unless authorized by the PAO.
- G. Flyers, posters, etc. used to advertise DPH or DPH program events may include the phrase, "Call 2-1-1 for additional information."

4. Social Media

- A. DPH Social Networking Sites must conform to city policy.
- B. The Public Affairs Officer will oversee the running of these sites regardless of whether they are Department or Program driven.
- C. The Public Affairs Officer will maintain a list of log in and password information for all sites. If a site fails to comply with City policy it can be removed immediately by the Public Affairs Officer.
- D. Program managers or their designees may submit Social Media messages to the Public Affairs Officer who will place the item on the specified websites.
- E. DPH Programs may create specific media policies as appropriate or as needed.

CITY OF EL PASO DEPARTMENT OF PUBLIC HEALTH POLICY AND PROCEDURES

SUBJECT: Health Promotion and Education	NUMBER:	525
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APPROVED:	D A T E S	
_____ Director	Effective:	March 2013
_____ DATE	Revised:	
	Reviewed:	
<p>PURPOSE: To ensure optimum health is promoted by Department of Public Health (DPH) employees and ensure professional delivery of information to the public.</p> <p>REFERENCES:</p> <p>POLICY: All DPH employees are considered promoters of health and shall represent the department with this in mind. Every DPH program is responsible to provide health education to the public about their program services and/or field of expertise.</p> <p>DEFINITIONS: Health promotion is the process of enabling people to increase control over their health and its determinants, and thereby improve their health. (World Health Organization, 2005). Health Education is any combination of planned learning experiences based on sound theories that provide individuals, groups, and communities the opportunity to acquire information and the skills needed to make quality health decisions (Joint Committee on Health Education and Promotion Terminology, 2001)</p> <p>PROCEDURE:</p> <ol style="list-style-type: none"> 1. Health promotion/education occurs anytime an employee discusses health issues or provides health information in the context of the work setting (client or public education, health fairs, community events, meetings, pamphlets, posters, press releases, etc.) 2. Any employee providing health information will be considered a health promoter regardless of title or program for the purposes of this policy. 3. DPH employees are expected to promote health in a professional manner within the context of their job description, upon adequate training, and at the direction of their chain of command. 4. Health information shall be provided in the language requested by the client/audience by ensuring that the health promoter is fluent in the language requested or using a trained interpreter. 5. Written materials (power point slides, handouts, posters, etc.) shall be appropriate for the intended audience (In general, using language at a 6th grade level as recommended by the National Institutes of Health is appropriate for adult audiences. Language levels can be determined by using common reading level calculators). Written materials for other audiences (children, special needs, etc.) shall be tailored as appropriate. 6. Materials created in-house will include the DPH logo and/or the DPH name. 7. Health promotion messages shall be relevant, culturally sensitive, and linguistically appropriate for the target population. 8. Health promoters providing education/information activities in the community are expected to arrive, be set up, and ready at the requested time. 9. When appropriate, health promotion and education shall be coordinated with collaborating community partners and promoters shall ensure information for the community is appropriate for the intended audience. 10. Each DPH program will determine how to evaluate, track, and report health promotion activities. 11. DPH programs may create specific health promotion/education polices as needed or appropriate. 		

CITY OF EL PASO DEPARTMENT OF PUBLIC HEALTH POLICY AND PROCEDURES

SUBJECT: Health Emergency/Health Campaign Mobilization	NUMBER:	530
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APPROVED:	D A T E S	
_____ Director	Effective:	March 2013
_____ DATE	Revised:	
	Reviewed:	
PURPOSE: To mobilize Department of Public Health (DPH) staff in the event of a public health emergency or major public health campaign.		
REFERENCES:		
POLICY: DPH staff (as determined by the managers/supervisors of each program), regardless of program, may be called upon to provide public information in the event of a public health emergency or major public health campaign.		
PROCEDURE:		
<ol style="list-style-type: none"> 1. Upon direction from the Director, the Health Education Manager and/or the Public Health Preparedness Manager will ensure that designated DPH staff is prepared to provide public health information during a public health event or major campaign. 2. The Health Education Manager and/or Public Health Preparedness Manager will: <ol style="list-style-type: none"> a. Create a public information plan for the event and/or campaign in coordination with the Public Affairs Officer. b. Inform affected program managers about need for staff and time frame. c. Provide plan, training, and all needed materials to designated staff. d. Monitor progress of the plan. e. Report progress during the event and a final report following the event/campaign. 3. Program Managers will inform staff within their program of the assignment and ensure schedules are adapted accordingly. Designated staff may be required to provide information on subjects other than those they normally provide on a day-to-day basis. 4. Every effort will be made to return staff to their program as soon as possible to prevent major interruptions of program services, but the Director will have the final decision on how long staff will be needed for the event/campaign. 		

**CITY OF EL PASO DEPARTMENT OF PUBLIC HEALTH
POLICY AND PROCEDURES**

SUBJECT: Speaker's Bureau	NUMBER:	535
	PAGE:	1 or 1
APPROVED:	D A T E S	
_____	Effective:	March 2013
DATE	Revised:	
Director	Reviewed:	
PURPOSE: To provide the public with current public health information on a variety of topics.		
REFERENCES: Speaker's Bureau Guidelines		
POLICY: The DPH will maintain a speaker's bureau with subject matter experts on various topics important to public health and/or in response to community needs.		
PROCEDURE:		
<ol style="list-style-type: none"> 1. The Speaker's Bureau Guidelines will be reviewed annually and revised as needed by the Health Education Manager or designee. Once reviewed/revised all Speaker's Bureau members will be notified to read the guidelines. 2. The Health Education Manager or designee will ensure presentations are updated annually by the subject matter experts and/or the appropriate program manager. 3. Speaker's Bureau members will be selected by the appropriate Program Manager and will be responsible to stay up-to-date on their assigned subject matter. 4. Training for Speaker's Bureau members will be conducted on an as needed basis. 		

CITY OF EL PASO DEPARTMENT OF PUBLIC HEALTH POLICY AND PROCEDURES

SUBJECT: Outreach Safety	NUMBER:	550
	PAGE:	1 of 1
APPROVED:	D A T E S	
_____	Effective:	March 2013
DATE	Revised:	
Director	Reviewed:	
PURPOSE: To ensure the safety and wellbeing of Department of Public Health (DPH) employees during outreach activities.		
REFERENCES: City of El Paso Safety Policy, DPH Safety Policies		
POLICY: DPH employees will follow Safety practices when conducting outreach to include any after hours activities.		
PROCEDURE:		
<ol style="list-style-type: none"> 1. All DPH employees, regardless of program will be familiar with City of El Paso and DPH Safety Procedures. 2. When conducting any outreach activity, including after hours activities, DPH staff will immediately contact supervisor if they determine potentially unsafe situations for further guidance from supervisor. 3. Any on the job injuries/accidents will be reported immediately to supervisor. 4. Individual programs may create their own safety outreach procedure that is specific to their program activities. 		

CITY OF EL PASO DEPARTMENT OF PUBLIC HEALTH POLICY AND PROCEDURES

SUBJECT: Department of Public Health Website	NUMBER:	555
	PAGE:	1 of 2
APPROVED:	D A T E S	
	Effective:	March 2013
	Revised:	
DATE	Reviewed:	
Director		
PURPOSE: To establish a Department of Public Health (DPH) website and program web pages in order to maintain an online presence that promotes the Department’s mission and consistently informs the public on relevant issues.		
REFERENCES:		
DEFINITIONS: <i>Information Technology (IT)</i> – City Department in charge of City web sites <i>Program Staff</i> – Program managers or designated staff in charge monitoring web information and requesting updates, changes, and/or edits for their respective web pages <i>Web Coordinator</i> – Person assigned to coordinate and manage the DPH website and web pages		
POLICY: The DPH website will establish and maintain a positive, consistent image and presence that promotes its mission and consistently informs the public on relevant issues; DPH programs shall consistently provide clear, accurate, and timely information to the public, via the Department of Public Health website; DPH programs shall update and manage their web pages through the Web Coordinator and the designated IT support;		
PROCEDURE: <ol style="list-style-type: none"> 1. The DPH will designate a Web Coordinator who will serve as the liaison between Programs and IT; 2. The DPH Website and/or program web pages, will contain at least one example of each of the following: <ul style="list-style-type: none"> • A 24-hour contact number for health and medical emergencies (e.g. 9-1-1) • A 24-hour contact number for notifiable, reportable conditions • Link to the Centers for Disease Control and Prevention (CDC) • Link to State Agencies (e.g. Texas Department of State Health Services) • Information on program activities • Link to public health law information (e.g. State laws and City ordinances) 3. Major Changes requiring dynamic functions such as uploading forms, surveys, etc., and changes involving navigation manipulation should be submitted with 5 days’ notice 4. Regular Changes involving regular edits to web page text should be submitted with between 1 to 3 days’ notice 5. Emergency Postings are related to urgent notices issued to the public and should be submitted immediately as needed 6. All Changes should be submitted in writing to the Web Coordinator 7. When posting information the following should be observed: <ul style="list-style-type: none"> • Must respect intellectual rights (e.g. copyrights, plagiarism, etc.) • Outside links must be approved by the Web Coordinator (No commercial or political links) • The DPH logo should be clearly visible when the web site is initially opened and any subsequent program 		

SUBJECT: Department of Public Health Website

NUMBER:

555

PAGE:

2 of 2

- pages must also contain the DPH logo
- Contact information including the Department or Program's location and telephone number should appear on each page
- Information should be presented in the reading level appropriate for the target audience
- Information should be presented in the language(s) appropriate for the target audience
- Photos of children must be accompanied by a Photo Release Form signed by the child's parent/guardian

Crisis and Emergency Risk Communications (CERC) Plan Annex H – Local Health and Medical Appendix 10 – Emergency Public Information (CERC)

Reviewed 2011

**City of El Paso
Department of Public Health**



**Updated by:
Carla S. Alvarado, MPH -Public Health Community Liaison**

**City of El Paso
Department of Public Health**

**Crisis and Emergency Risk Communications (CERC) Plan
Annex 10 – Emergency Public Information**

APPROVAL AND IMPLEMENTATION

THIS STANDARD OPERATING GUIDELINE IS HEREBY APPROVED FOR
IMPLEMENTATION AND SUPERCEDES ALL PREVIOUS EDITIONS.

HECTOR OCARANZA, M.D., F.A.A.P.
LOCAL HEALTH AUTHORITY

DATE

MICHAEL HILL
DEPARTMENT OF PUBLIC HEALTH- DIRECTOR

DATE

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ATTACHMENTS

- Attachment 1 DPH Press Release Procedure
- Attachment 2 DPH Media Request Procedure
- Attachment 3 Social Media Policy – City of El Paso
- Attachment 4 Annex I and Hazardous Incident Responsibilities
- Attachment 5 DPH, NIMS, ICS, and JIC
- Attachment 6 DPH CERC Team Members
- Attachment 7 DPH CERC Team and Spokespersons Responsibilities
- Attachment 8 CERC DPH Internal Information Verification & Clearance Procedures
- Attachment 9 DPH Spokespersons by Division
- Attachment 10 Partner and Stakeholder General Contact Information
- Attachment 11 El Paso Media - Contact Information
- Attachment 12 Agency Public Information Officer Contact Information
- Attachment 13 Independent School Districts – Administrator Contact Information
- Attachment 14 Independent School Districts – School/Principal Directory
- Attachment 15 DSHS HSR 9/10 PHP/ERT Contact List
- Attachment 16 Special Needs Populations Contact List
- Attachment 17 211 Activities
- Attachment 18 El Paso County Demographic Data
- Attachment 19 El Paso City Demographic Data

CRISIS AND EMERGENCY RISK COMMUNICATION

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CRISIS AND EMERGENCY RISK COMMUNICATION (CERC) PLAN

I. AUTHORITY

- A. El Paso Municipal Code, Title 9, Health and Safety.
- B. El Paso Emergency Operations Plan, Annex H: Health and Medical.
- C. Local Public Health Reorganization Act, Chapter 121, Health & Safety Code.
- D. Area Quarantine for Environmental or Toxic Agent, Health & Safety Code, Ch. 508.
- E. Communicable Disease Prevention & Control Act, Health & Safety Code, Subtitle D, Ch. 81.
- F. The Texas Disaster Act of 1975. The Texas Government Code, Ch. 418 et seq.
- G. Robert T. Stafford Disaster Relief and Emergency Assistance Act, as amended by Public Law 106-390. United States Code, Title 42, the Public Health & Weallfare, Ch. 68.

II. PURPOSE

The purpose of this plan is to provide guidance for effective collection, verification, control, and dissemination of public information before, during and after an emergency. CERC is a vital component in community mitigation, response and recovery.

When the event is a local health, medical emergency or disaster, the CERC plan will work in conjunction with overall El Paso County Emergency Planning and Operations Plans.

III. EXPLANATION OF TERMS

A. Acronyms

CERC	Crisis and Emergency Risk Communication
CDC	Center for Disease Control and Prevention
DPH	City of El Paso Department of Public Health
DSHS	Texas Department of State Health Services
DOH	Department Operations Center

ICS	Incident Command System
JIC	Joint Information Center
MHMR	El Paso Mental Health and Mental Retardation
NIMS	National Incident Management System
OEM	Office of Emergency Management
PAC	Public Affairs Coordinator
POD	Point of Dispensing
PHP	Public Health Preparedness
EOC	Emergency Operations Center

IV. SCOPE

This plan provides coverage for response to hazards identified in Hazardous Incident Responsibilities, Attachment 4.

V. SITUATIONS AND ASSUMPTIONS

A. Situation

During any crisis or emergency, the public needs and generally desires, detailed information regarding protective action to be taken for minimizing loss of life and property. DPH, through OEM activation of the EOC, will respond to the following incidents:

- Public Health/Medical (Primary)
- Fire (Support)
- Hazardous Material (Support)
- Natural Disaster without Search & Rescue (Support)

Only in a Public Health or Medical incident will DPH be activated as a primary responder. In all other incidents DPH will act as a support responder. See Attachment 4 (Adopted from the El Paso Emergency Operations Plan).

This CERC plan addresses all hazards for which DPH is a primary responder. This CERC Plan only applies to the City of El Paso – Department of Public Health.

The following is a list of public health or medical incidents (under ESF #8) that DPH will respond to:

- Assessment of public health/medical needs
- Health surveillance
- Veterinary medical support
- Vector control
- Mass dispensing operations
- Food safety and security
- Potable water/waste water and solid waste disposal
- All-hazard public health and medical consultation, technical assistance and support
- Public health and medical information
-

B. Assumptions

In the event of a crisis or emergency, it is expected that the public and the media alike will need, desire, and generally demand information to alleviate the natural anxiety of individuals who may or may not have been involved in the incident. Every effort should be made to cooperate with the news media in providing information in recognition of the rights of the news media to perform their proper function, as well as, to address inquiries made by the public.

It is assumed that an organization can compound its problems during an emergency if it has neglected sound crisis and emergency risk communication planning. It is not assumed that sound crisis and emergency risk communication can prevent emergencies or disasters or that a population or community will overcome its challenges solely by its use.

VI. CONCEPT OF OPERATIONS

A. General

CERC efforts will focus on providing specific event-related information. Public education, with information regarding the extent of an outbreak or hazard, availability of treatment, treatment strategy, clinic schedules, and other prevention and control measures, will be coordinated with partners such as DSHS and CDC. Doing so will ensure a unified, consistent, and reassuring public health messages. The information emanating from DPH through the PAC will be timely, accurate, empathetic, pertinent and credible.

B. Phases of Management

1. Mitigation
 - a. Conduct public awareness programs to increase awareness about potential hazards and how people should respond to them.
2. Preparedness
 - a. Prepare fact sheets on bioterrorism Category A agents for release during emergencies.
 - b. Conduct public education programs on emergency preparedness and response.
 - c. Maintain and update DPH website with links to DSHS, CDC, and other pertinent websites.
 - d. Public education materials will be acquired and printed in appropriate languages.
 - e. Train local 2-1-1 staff.
 - f. Train additional DPH (such as food inspection educators, health educators from Health Education and promotion), Promotores (from El Paso Community College, Texas A & M) and community educators to respond.
3. Response
 - a. The DPH PAC coordinates with EOC in non-health emergencies to release information.
 - b. The DPH PAC reports to DOC upon activation.
 - c. Activate local 2-1-1 and coordinate with other local hotlines. Ensure that 2-1-1s call on their state resources to assist in taking calls from El Pasoans (roll-over to state call system) to accommodate 1% of El Paso population.
 - d. Update DPH website with emergency public information.
 - e. Coordinate with City PIO and JIC, if established.

- f. Utilize DSHS pre-approved shelf kits for category A agents (such as botulism, smallpox, tularemia, etc.) and pandemic flu
- g. Provide just-in-time training to a cadre of additional educators such as food inspection educators, health educators from Health Education and Promotion, Promotores (from El Paso Community College, Texas A & M) as well as community educators.
- h. Attention will be given to provide messages to special populations such as homeless, adult daycare, child daycare, medical special needs patients, Spanish-speaking, nursing home residents, and the Ysleta Del Sur Pueblo Tigua tribe. See Attachment 16
- i. For disaster mental health needs coordinate with El Paso Mental Health Mental Retardation (MHMR) and contact community liaison or PIO.
- j. Coordinate and communicate with partners and stakeholders in the community (hospitals, schools, etc.) See Attachment 10 -16
- k. Make every effort to provide all messages English and Spanish, including working with Spanish-language media outlets.

4. Recovery

- a. Provide public information in different media outlets to include updates.
- b. Compile record of events.
- c. Assess media response.
- d. Assess effectiveness of information and education programs.

C. NIMS/ICS Structure and JIC Participation

During a major emergency with a public health or medical component, DPH will not be alone in responding to the event.

Public Health will be just one of the agencies involved in the response to the event, and therefore will be working under the National Incident Management System (NIMS) and the Incident Command System (ICS).

To be able to communicate effectively during such an emergency, understanding the ICS structure and organization is critical. Our ability to successfully communicate will be impacted by our ability to work within a defined and clear chain of command, understanding various roles and responsibilities being activated (including public health's specific role and authority) and how the entire command system works and fits together.

In a major emergency with multiple agencies involved, a Joint Information Center (JIC) may be established to provide response agencies with a means to pool communication resources to provide quick, effective and accurate information. Understanding the function and structure of a JIC are the essential first steps in successfully accomplishing communication objectives. DPH will send a liaison to the JIC and the City EOC.

See Attachment 5

D. Disaster Mental Health

The DPH will work with El Paso Mental Health/Mental Retardation and contact community liaison or PIO and the City of El Paso's Employee Assistance Program to coordinate any disaster mental health needs.

E. Website

During a disaster or emergency, the City's website will be used to its full potential. Normal, day-to-day information will be removed and replaced with disaster-relevant information, press releases, evacuation routes, shelter information, etc. When deemed pertinent the DPH will utilize social media websites to disseminate important event related messages. See Attachment 3

F. Translations

The DPH will identify and utilize any resources available from the City of El Paso to assist in translation needs

G. 211 Policy – See Attachment 17

VII. ORGANIZATION AND ASSIGNMENT OF RESPONSIBILITIES

A. General

The overall responsibility of public information rests with the DPH Director/ Health Authority. The PAC of DPH will serve as a link between the emergency public information officer at the EOC and DPH. The DPH Health Authority/Director or designee functions as a member of the EOC staff. All emergency public information will be coordinated in the EOC.

B. Assignment of Responsibilities

1. Director/Health Authority or designee may
 - a. Provide official public information.
 - b. Authorize release of information to the media. See Attachment 1
2. DPH Public Affairs Coordinator may
 - a. Direct all emergency public information efforts.
 - b. Creates and with the assistance of the CERC Leader oversees the CERC team as needed.
 - (1) Educate the staff on CERC methods and CERC plan. See Attachments 6, 7, 8.
 - c. Compile and prepare press releases. See Attachment 1
 - d. Provide news releases for the media, through the EOC PIO.
 - e. Respond to media requests and inquiries. See Attachment 2
 - f. Triage media requests and inquiries.
 - g. Handle unscheduled inquiries from the media and the public.

- h. Maintain record of events and media coverage.
 - i. Ensures DPH internal communication.
3. DPH CERC Team under the guidance of the CERC Team Leader and the DPH PAC
- a. Develop methods for distribution of materials to the public to include materials for the visually impaired and non-English speaking groups as appropriate.
 - b. Monitor all media (i.e., TV, radio, print) for accuracy of reports.
 - c. Take action to maintain control of rumors
 - d. Authenticate sources of information and verify for accuracy before releasing.
 - e. Take action to dispel rumors.
 - f. Develop and maintain emergency public information materials to include the following:
 - (1) Hazard specific fact sheets that include protection measures and
 - (2) Develop press release templates.
4. Media
- a. Participate in emergency public information dissemination activities.
 - b. Official information or instructions to the public in the event of an emergency will be released by DPH or the primary responding agency.
 - c. Check accuracy of information with the DPH PAC or EOC PIO.
 - d. In the POD setting, DPH will release information regarding the actions that must be taken by the general public

- i. As a matter of security, media outlets will not be permitted to conduct interviews inside or outside the POD location. The media may conduct interviews 100 ft away from the POD
- e. DPH interviews and other media requests will be made solely via the DPH PAC. The media will wait for the PAC to schedule the interviews with the appropriate personnel. See Attachment 2

VIII. SPECIAL POPULATIONS

The DPH will work with partners and stakeholders to ensure that public information needs for special populations are being effectively met during all phases of a public health emergency.

Special consideration will be taken for those populations who may not receive information in the traditional manner, including special populations such as homeless, adult daycare, child daycare, medical special needs patients, Spanish-speaking, nursing home residents, and the Ysleta del Sur Pueblo Tigua tribe.

As stipulated in Annex I Providing Emergency Information to Special Populations Special populations will be provided information on emergency situations and appropriate instructions by the following methods:

- a) Visually impaired: EAS messages and news advisories on radio, NOAA Weather Radio, or by door-to-door notification.
- b) Hearing-impaired: Captioned EAS messages and news advisories on television, print media.
- c) Non-English Speakers: Special attention needs to be paid to our Spanish speaking community by having the emergency message broadcast in Spanish and on Spanish radio and television networks.

See Attachment 16

IX. PLAN DEVELOPMENT AND MAINTENANCE

The CERC plan will be developed and maintained by the PHP program.

The CERC Plan will be updated annually unless an event emerges that warrants an update at which point the plan will be updated as needed.

The DPH Director/Health Authority is responsible for the approval of the CERC plan.

The Public Affairs Coordinator of Department of Public Health is responsible for implementing the CERC Plan.

Attachment 1: Press Releases Procedure

The following process will be followed in regards to the release of information from the Department of Public Health.

Press Release Procedure

Once a public health emergency has been verified, the following steps will be followed prior to sending out a press release from DPH.

1. Public health concern or emergency is verified
2. Director asks Public Affairs Coordinator (PAC) to produce a press release or DPH Director/PAC asks the CERC leader to assemble CERC team members to assemble press release
3. The DPH Director approves the press release
4. The PAC distributes press release to media outlets

When deemed pertinent the following media outlets will be utilized to disseminate the message. *

- Television Stations
- Newspapers
- Radio Stations
- City Website
- Social Media Networks
- DPH Website
- 211
- Partner Agencies
- Internal Employee Announcements

* See Attachment: See Attachments 3 & 11

Attachment 2: Media Requests Procedure

Once a press release has been sent in regards to a public health concern or emergency and there are media requests made to DPH the following process will be adopted.

Media Interviews

1. The Public Affairs Coordinator (PAC) will be notified of any and all media requests made to DPH staff
2. The PAC will coordinate with the requesting media agency to accommodate interview requests.
3. The PAC will arrange interviews with appropriate personnel (authorized spokespersons, subject matter experts)* with DPH Director's approval.

Press Conferences

1. If a press conference is scheduled the PAC will identify and prepare the room where the press conference will take place.
2. The PAC will make available any pertaining material to distribute.
3. The PAC will have a sign-in sheet available.
4. The PAC will document the number of press releases sent, the number of interviews arranged and the number of attendees at the press conference for reference and grant deliverables after the response.

* See Attachment: Attachment 9

Attachment 3: Social Media Policy

City of El Paso Social Media Policy

I. Purpose

The utilization of social media outlets provides entities with a unique opportunity to use new and cutting-edge networking technology to reach out to respective target audiences in promoting and sharing relevant information. The City of El Paso will utilize social media for the purpose of promoting and sharing information about City of El Paso municipal services, programs, initiatives and events.

The purpose of this policy is to outline procedures and guidelines for appropriate usage of social media by City employees.

II. Structure of Usage / Monitoring

Designated City employees may only use social media within the parameters of this policy.

All social media use will be approved by the Public Affairs Office.

All accounts / pages created by identified City employees must be set up as business accounts, not personal accounts (e.g. Facebook – must set up page, not profile; must have fans, not friends).

The Public Affairs Office, through its Social Media Liaison, will conduct random monitoring on a weekly basis to ensure departments utilizing social media resources are adhering to the Social Media Policy.

The Public Affairs Office, through its Social Media Liaison, may decide at any time or for any reason to disable a City-sponsored social media resource. Reasons might include – violation of any portion of this document, unprofessional use of the resource, lack of use or disinterest by the public or failure to maintain the social media resource by the sponsoring department.

III. Department Responsibilities

Departments choosing to utilize social media resources must perform the following:

1. Department must designate a specific individual(s) or point(s) of contact (POCs) who will be responsible for management of their respective department's page. POCs must be a current City employee.
2. Department must provide the Social Media Liaison with the names of those individuals responsible for managing social media resources as well as login and password information.
3. POCs must provide the Social Media Liaison with a current and specific listing of which venues and social media sites the Department is utilizing at all times (e.g. Facebook, YouTube, Podcasting, Twitter).

4. POCs must archive all information posted on utilized social media resources with date of post, corresponding content and which site for reference.
NOTE: All information posted on social media sites may be considered ORR.
5. POCs must obtain photo releases for all children and minors included in images and videos posted by the Department to social media sites. POCs must provide a copy of the photo release to the Social Media Liaison and detail specifically where the image is posted on which social media site.

IV. General Social Media Policies

1. Usage and information posted must relate directly to City of El Paso municipal services, programs, initiatives and events.
2. Use of City resources (camera, video camera, software) for producing content to be posted on social media sites should be used for official City purposes, not for personal use or personal posting.
3. All City-sponsored social media resources must be viewable by anyone, whether or not they choose to open an account with the social media provider. No hiding or restricting content.
4. POCs who manage the accounts for their department are considered owners of the content and will be held responsible for all content posted on their department's associated social media pages.
5. Employees using social media sites must not post personal information, feelings or opinions.
6. Posts or tweets must not include any discriminatory, obscene, disparaging or lewd content or content that is not appropriate for the workplace.
7. No posting of information that may be considered false or misleading.
8. Do not post confidential information.
9. Do not post information about other employees or elected officials without prior approval.
10. Do not post any comments or content that could be considered political or related to any political campaign.
11. Do not plagiarize.
12. Postings on websites or microblogs should not be used for personal communication purposes.
13. POCs are strongly encouraged to check for grammatical and typographical errors.
14. Consider your audience.
15. Use social media resources to add value and communicate relevant City of El Paso information.
16. Before information is posted, ask: Is it truthful? Accurate? Hurtful? Damaging? If you have any doubts, do not post.

VIDEO

1. Use of video shall be through the City of El Paso YouTube Channel.
2. No posting of videos that contain images of trademarked or copyrighted symbols.
3. No posting of videos that contain minors, unless a photo release is obtained and on file with the sponsor department and Social Media Liaison.
4. POCs must ensure that any music used in posted videos is not copyrighted.
5. Video will be subject to removal if any prohibited or inappropriate content is featured in the video.

6. If a POC would like to post a City 15-produced video, a programming request form must be submitted to the Public Affairs Office for review and approval.

LINKS

1. Wherever possible, the official City of El Paso website – www.elpasotexas.gov – should be listed as a link.
2. Only City-owned websites may be linked on departments' social media pages.

LOGOS

1. The official City of El Paso logo, as well as sponsor department logos, must only be used in an official capacity on social media sites in promotion of municipal services, programs, initiatives and events.

PHOTOS

1. Only sponsor departments may post photos on City of El Paso related social media sites. No members of the general public may post images to a City-sponsored social media site.
2. Photos posted by Departments on social media sites must have been taken at a City sanctioned event, at a City facility (public forum).
3. No posting of photos that contain images of trademarked or copyrighted symbols.
4. No posting of photos that contain minors, unless a photo release is obtained and on file with the sponsor department and Social Media Liaison.

DISCUSSION FORUMS

If a discussion forum is utilized on a department's social media site, the department must perform the following:

1. Advise the Social Media Liaison that they will be using this type of resource.
2. Departments must explain and clearly outline on the webpage how the discussion forum / comment wall / question & answer section will be handled and conducted. This includes advising that comments that are submitted by members of the public will be posted once reviewed for inappropriate, lewd or offensive content.
3. Questions posted must be responded to in a timely manner.
4. Departments must include the formal disclaimer from the City Attorney's Office.
5. Departments may screen, but not edit comments.
6. Discussion forums must be archived.

There will be zero tolerance for violation of the Social Media Policy.

Non-compliance with the Social Media Policy will result in the sponsor department's social media pages being disabled, as well as possible investigation and disciplinary action by Human Resources and / or respective Department Head.

Attachment 4: Hazardous Incident Responsibilities – Annex I

HAZARDOUS INCIDENT RESPONSIBILITIES

TYPE INCIDENT	A F I R P R O E R / T R E C S R C A U S E H	A C T I O N / N C O U N T Y	E M A N A R A G E E N M C E N T	E M E D I C A L N C Y S V C	F I R E D E P T V F D S	H E A L T H D I S T R I C T	M E X I C O A N T I C I P A L E R	P O L I C E / S H E R I F F	P U B L I C S E C T I O N S	P A U B L I C I N C I S T R A N S I T I O N	P R O B A L D I S C & W O R K I N G S E S	R A C E S	R E D C R O S S	S A L V A T I O N A R M Y	T A X C I T Y / C O U N T Y	W A T E R U T I L I T I E S
Aircraft Crash at Intl Airport	P		C	S	S		S	S		S	S	S	S	S		S
Aircraft Crash w/fire	S		C	S	P		S	S		S	S	S	S	S		S
Aircraft Crash w/O fire	S		C	S	P		S	S		S	S		S	S		
Barricade and/or Sniper				S	S		S	P			S					
Bomb Threat				S	S			P								
Building Explosion			C	S	P		S	S	S		S		S	S		
Civil Disturbance		S	C	S	S		S	P		S	S		S	S		S
Fire	S		C	S	P	S	S	S		S	S	S	S	S		S
Hazardous Material		S	C	S	P	S		S		S	S	S	S	S		S
Health/Medical			C	S	S	P	S	S			S		S	S		
Hostage(s)				S	S			P			S		S	S		
Natural Disaster w/o SAR		S	C	S	S	S	S	S	S	S	P	S	S	S	S	S
Search & Rescue Industrial			C	S	P		S	S			S		S	S		
Search & Rescue Mountain/Desert				S	S			P								
Search & Rescue Natural Disaster		S	C	S	P		S	S			S	S	S	S		
Traffic Accident w/o Fire/HAZMAT				S	S			P								
Utility Incident Gas or Electric				S	P			S								
Utility Incident Water					S			S								P
Damage Assessment		S	C		S			S	P		S		S		S	S
Search & Rescue Water				S	P		S	S								

PRIMARY --- P

SUPPORT --- S

COORDINATE --- C

Attachment 5: NIMS, ICS & JIC

In the event of a public health emergency DPH will comply with NIMS and function under the structure of the ICS. During a health or medical event DPH will be the primary agency responding and will set up a DPH JIC.

National Incident Management System (NIMS)

The *National Incident Management System* ([NIMS](#)) provides a systematic, proactive approach to guide departments and agencies at all levels of government, nongovernmental organizations, and the private sector, to work seamlessly to prevent, protect against, respond to, recover from, and mitigate the effects of incidents, regardless of cause, size, location, or complexity, in order to reduce the loss of life and property and harm to the environment.

Incident Command System (ICS)

The Incident Command System (ICS) is a standardized, on-scene, all-hazards incident management approach that:

- Allows for the integration of facilities, equipment, personnel, procedures, and communications operating within a common organizational structure.
- Enables a coordinated response among various jurisdictions and functional agencies, both public and private.
- Establishes common processes for planning and managing resources.

ICS is flexible and can be used for incidents of any type, scope, and complexity. ICS allows its users to adopt an integrated organizational structure to match the complexities and demands of single or multiple incidents.

ICS is used by all levels of government—Federal, State, tribal, and local—as well as by many nongovernmental organizations and the private sector. ICS is also applicable across disciplines. It is typically structured to facilitate activities in five major functional areas: Command, Operations, Planning, Logistics, and Finance/Administration. All of the functional areas may or may not be used based on the incident needs. Intelligence/Investigations is an optional sixth functional area that is activated on a case-by-case basis.

As a system, ICS is extremely useful; not only does it provide an organizational structure for incident management, but it also guides the process for planning, building, and adapting that structure. Using ICS for every incident or planned event helps hone and maintain skills needed for the large-scale incidents.

Joint Information Center (JIC)

The JIC will be led by the lead agency Public Information Officer; in the event the DPH is the primary responder (Health Medical Events) the Public Affairs Officer will lead the DPH JIC. The PAC will have three (3) main responsibilities:

- Gather Event Data
- Inform the Media and the Public
- Identify potential issues or problems that could have an impact on the response and recovery effort

A leader or appointed person, at the JIC should also assist in finding the right people to take care of various roles. Some of the roles can be assigned prior to an emergency. The following staffing table should be taken into consideration when staffing the JIC.

1. Administrative support coordinator
2. Administrative support staff
3. Assistant PIO
4. Audiovisual production and support
5. Briefing Room Assistant
6. Briefing Room Manager
7. Facility Manager
8. Government Liaison
9. Hospital Liaison
10. Hotline Coordinator
11. JIC Operations Manager
12. JIC Operation Deputy Manager
13. Lead Agency (PIO or PAC)
14. Legal Council
15. Media Hotline (?)
16. Media Monitor
17. Media Registration Coordinator
18. Medical Professional Hotline Team
19. Mental Health Liaison
20. Public Hotline Team
21. Security
22. Spokespersons
23. Staff support
24. Medical Advisor
25. Non Lead agency PIOs
26. Web manager
27. Writer

Attachment 6: CERC Team Members

Crisis and Emergency Risk Communication
Team
Department of Public Health

Division	CERC Representative	CERC Representative Back-Up
Administration		
211	Margie Quijano	Ana Olivares
Animal Services	Larry Brunt	
Epidemiology		
Food Inspection		
Health Education	Randy Gutierrez	
Immunization	Gloria Alba	
Laboratory		
Dental		
PHP	Carla Alvarado	Armando Saldivar
STD		
TB		
WIC	Oscar Hernandez	Lily Raygoza

Attachment 7: CERC Team and Spokesperson Responsibilities

CERC Team leader:

The CERC team leader along with the PAC will coordinate the tasks assigned to the CERC team while the CERC plan is activated. The leader will also assist with CERC team and spokesperson training.

CERC Team member:

The CERC Team member will have

- Incident Command System training 100,200,700,702, and 800
- Received CERC Training
- Background in Health Education or related field

The CERC team member will attend scheduled CERC training meetings.

The CERC team member may be asked to serve in any of the following CERC functions:

- Producing, revising, editing, translating educational material
- Assisting PAC in CERC related activities
- Media Monitoring
- Rumor Control

Spokesperson:

The spokesperson has been identified and approved by the DPH Director as a subject matter expert in their division, only those designated as spokesperson may be asked to provide interviews after clearance from the PAC.*

The spokesperson in an emergency will communicate information to the public wants or needs to know to reduce the incidence of illness and death.

The spokesperson will work to reduce the likelihood that: 1) Scarce public health and safety resources might be misallocated (through pressures brought forward based on incomplete or incorrect information). 2) Public health and safety recommendations are ignored or circumvented. 3) Unneeded public health and safety response resources are committed (because of public or stakeholder demand based on faulty information or expectations).

* See Attachment: 2

Attachment 8: CERC Internal information verification and clearance approval procedures

The pertinent DPH staff (DPH Director, Local Health Authority, program managers with response activity) will convene to assess and verify the public health concern or emergency.

Once there has been verification of a public health concern the CERC team leader will be notified of the situation and he/she will identify the CERC team members based on the public health concern or emergency.*

If the concern or event is deemed major the entire team may be activated to respond.

The CERC team leader will notify the CERC team members of the public health concern or emergency via email and or telephone.

After the team has been notified, a briefing meeting will be scheduled where the CERC team will be notified of the situation and roles will be further defined.

The following will be addressed during the first meeting.

- Basic details of the situation. Who, what, where, when, why, and how?
- What critical pieces of information are still unknown?
- What questions and policy issues remain to be resolved before the CERC team can start delivering a sound message?
- What is the city's / DPH's stance on the issue?
- What other agencies or organizations need to be coordinated with?
- Which agencies need to receive the information immediately?
- Which community partners need to be notified?
- Who will be the spokesperson for DPH?

Any further new information will be relayed to the CERC team during briefing meetings, or as often as it is pertinent.

*See attachments: 6

Attachment 9: Spokespersons for DPH

Spokespersons for Department of Public Health

Division	Primary	Secondary
Administration	Michael Hill 915-771-5702	Bruce Parsons (?) 771-5778
211	Margie Quijano 771-5820	Ana Olivares 211 ext 54502
Animal Services	Eduardo de Castro 842-1010 867-6239 (cell)	Larry Brunt 842-1005
Epidemiology	Fernando Gonzalez	Yvonne Vasquez 771-5817 2040-3278
Food Inspection	David Sublasky 543-3636 240-3299	Santiago Varela 543-3633 873-9205
Health Education	Sue Beatty 771-5853	Randy Gutierrez 771-5884
Immunization	Roxann Parks 771-5746 412-8022	Gloria Alba
Laboratory	Minerva Cutter 543-9984 252-0346	Vacant
Dental	Robert Taylor 313-8012 240-3277	Angela Mora 771-5754 346-8974
PHP	Joanne Bates 771-5792 346-5762	Armando Saldivar 771-5718 355-5234
STD	Alfredo Lara or Robert Avila 771-1212	Robin Rocart 771-5851
TB	Oralia Zamora 771-1246	Vacant

WIC	Bertha Amaya 771-5855 472-4480	Lisa Glidden 771-5851

Attachment 10 Partner and Stakeholder General Contact Information

Attachment 11 El Paso Media - Contact Information

Attachment 12 Agency Public Information Officer Contact Information

Attachment 13 Independent School Districts – Administrator Contact Information

Attachment 14 Independent School Districts – School/Principal Directory

All excel workbooks please see attached.

Attachment 15



**DSHS—Health Service Region 9/10
PHP/ERT Contact List**

401 E. Franklin, Ste 210 El Paso, TX 79901
Main Telephone Number: 915-834-7675
Fax Number: 915-834-7842

Building Telephone Numbers: 915-834-XXXX

Title	Name	Extension
PHP Manager	Art Alvarado	X7710
PHP Supervisor	Dave Kolberson, RN	X7778
PHP Admin	Betty Hernandez	X7748
PHP Planner	Vacant	X7749
PHP Epidemiologist	Shawnell Damon	X
SNS Coordinator	Dave Padilla, MD	X7753
PHP Data Coordinator	Ivonne Marquez	X7771
PHP Technician (EPI)	Abel Martinez	X7634
PHP Communications Specialist	Vacant	X7754
PHP Technician (EPI)	Ashley Graboski-Bauer	X7784
PHP Risk Communications/Education (Midland)	Jerry Damm	432-683-9492
PHP Program Specialist (San Angelo)	Burt Berry	325-659-7867

Attachment 16 Special Needs Populations Contact List-

In excel workbooks please see attached.

Attachment 17: 211

Information on 211

2-1-1 is a free, easy to use phone number available 24 hours a day, 7 days a week staffed by trained professionals.

2-1-1 is connected to nearly every service in the state including government agencies, food pantries, career services, after-school programs, affordable childcare, counseling services, medical and mental health assistance, eldercare, housing assistance, disaster relief and many other state and local resources.

Callers are referred to the best place in their community to get the help they need.

2-1-1 is not for life-threatening medical, police and fire emergencies. If you have an immediate crisis, call 911

2-1-1 does not provide financial assistance, however we may direct you to agencies in the community that might be able to help you.

2-1-1 will be included in the information dissemination effort, updates will be provided to 211 via staff briefings.

The contact person for 2-1-1:

Margie Quijano
2-1-1 Program Supervisor/Database Manager
City of El Paso Dept. of Public Health 2-1-1
(915) 771-5857 Fax (915) 771-5823
margie.quijano@elpasotexas.gov

Attachment 18: El Paso County Census 2000 Data

Subject	Number	Percent
Total population	679,622	100.0
SEX AND AGE		
Male	327,771	48.2
Female	351,851	51.8
Under 5 years	58,989	8.7
5 to 9 years	62,519	9.2
10 to 14 years	59,842	8.8
15 to 19 years	58,609	8.6
20 to 24 years	49,503	7.3
25 to 34 years	98,208	14.5
35 to 44 years	100,790	14.8
45 to 54 years	76,876	11.3
55 to 59 years	25,938	3.8
60 to 64 years	22,275	3.3
65 to 74 years	38,983	5.7
75 to 84 years	20,905	3.1
85 years and over	6,185	0.9
Median age (years)	30.0	(X)
18 years and over	462,199	68.0
Male	217,238	32.0
Female	244,961	36.0
21 years and over	429,026	63.1
62 years and over	79,155	11.6
65 years and over	66,073	9.7
Male	27,422	4.0
Female	38,651	5.7
RACE		
One race	657,970	96.8
White	502,579	73.9
Black or African American	20,809	3.1
American Indian and Alaska Native	5,559	0.8
Asian	6,633	1.0
Asian Indian	922	0.1
Chinese	1,013	0.1
Filipino	1,404	0.2
Japanese	980	0.1
Korean	1,655	0.2
Vietnamese	247	0.0
Other Asian 1	412	0.1
Native Hawaiian and Other Pacific Islander	669	0.1
Native Hawaiian	159	0.0
Guamanian or Chamorro	228	0.0
Samoan	160	0.0
Other Pacific Islander 2	122	0.0
Some other race	121,721	17.9
Two or more races	21,652	3.2
Race alone or in combination with one or more other races 3		

White	521,892	76.8
Black or African American	23,482	3.5
American Indian and Alaska Native	7,684	1.1
Asian	9,043	1.3
Native Hawaiian and Other Pacific Islander	1,211	0.2
Some other race	138,674	20.4
HISPANIC OR LATINO AND RACE		
Total population	679,622	100.0
Hispanic or Latino (of any race)	531,654	78.2
Mexican	447,065	65.8
Puerto Rican	4,286	0.6
Cuban	534	0.1
Other Hispanic or Latino	79,769	11.7
Not Hispanic or Latino	147,968	21.8
White alone	115,535	17.0
RELATIONSHIP		
Total population	679,622	100.0
In households	666,878	98.1
Householder	210,022	30.9
Spouse	118,999	17.5
Child	253,105	37.2
Own child under 18 years	183,907	27.1
Other relatives	64,798	9.5
Under 18 years	30,237	4.4
Nonrelatives	19,954	2.9
Unmarried partner	7,769	1.1
In group quarters	12,744	1.9
Institutionalized population	7,875	1.2
Noninstitutionalized population	4,869	0.7
HOUSEHOLDS BY TYPE		
Total households	210,022	100.0
Family households (families)	166,226	79.1
With own children under 18 years	94,242	44.9
Married-couple family	118,999	56.7
With own children under 18 years	67,706	32.2
Female householder, no husband present	37,841	18.0
With own children under 18 years	22,113	10.5
Nonfamily households	43,796	20.9
Householder living alone	37,441	17.8
Householder 65 years and over	14,008	6.7
Households with individuals under 18 years	107,724	51.3
Households with individuals 65 years and over	48,575	23.1
Average household size	3.18	(X)
Average family size	3.63	(X)
HOUSING OCCUPANCY		
Total housing units	224,447	100.0
Occupied housing units	210,022	93.6
Vacant housing units	14,425	6.4
For seasonal, recreational, or occasional use	885	0.4
Homeowner vacancy rate (percent)	1.5	(X)
Rental vacancy rate (percent)	7.8	(X)
HOUSING TENURE		

Occupied housing units	210,022	100.0
Owner-occupied housing units	133,624	63.6
Renter-occupied housing units	76,398	36.4
Average household size of owner-occupied unit	3.32	(X)
Average household size of renter-occupied unit	2.92	(X)

DP-1. Profile of General Demographic Characteristics: 2000

Data Set: Census 2000 Summary File 1 (SF 1) 100-Percent Data

Geographic Area: El Paso County, Texas Accessed: May 18th 2010

http://factfinder.census.gov/servlet/QTTable?_bm=y&-geo_id=05000US48141&-qr_name=DEC_2000_SF1_U_DP1&-ds_name=DEC_2000_SF1_U&-lang=en&-sse=on

Attachment 19: City of El Paso Census Data

Subject	Number	Percent
Total population	563,662	100.0
SEX AND AGE		
Male	267,651	47.5
Female	296,011	52.5
Under 5 years	47,646	8.5
5 to 9 years	50,170	8.9
10 to 14 years	47,996	8.5
15 to 19 years	46,858	8.3
20 to 24 years	38,564	6.8
25 to 34 years	80,568	14.3
35 to 44 years	83,703	14.8
45 to 54 years	65,808	11.7
55 to 59 years	22,636	4.0
60 to 64 years	19,592	3.5
65 to 74 years	35,041	6.2
75 to 84 years	19,279	3.4
85 years and over	5,801	1.0
Median age (years)	31.1	(X)
18 years and over	388,727	69.0
Male	178,650	31.7
Female	210,077	37.3
21 years and over	362,920	64.4
62 years and over	71,685	12.7
65 years and over	60,121	10.7
Male	24,618	4.4
Female	35,503	6.3
RACE		
One race	544,472	96.6
White	413,061	73.3
Black or African American	17,586	3.1
American Indian and Alaska Native	4,601	0.8
Asian	6,321	1.1
Asian Indian	887	0.2
Chinese	980	0.2
Filipino	1,294	0.2
Japanese	945	0.2
Korean	1,611	0.3
Vietnamese	229	0.0

Other Asian 1	375	0.1
Native Hawaiian and Other Pacific Islander	583	0.1
Native Hawaiian	148	0.0
Guamanian or Chamorro	201	0.0
Samoaan	140	0.0
Other Pacific Islander 2	94	0.0
Some other race	102,320	18.2
Two or more races	19,190	3.4
Race alone or in combination with one or more other races 3		
White	430,142	76.3
Black or African American	19,998	3.5
American Indian and Alaska Native	6,483	1.2
Asian	8,563	1.5
Native Hawaiian and Other Pacific Islander	1,054	0.2
Some other race	117,234	20.8
HISPANIC OR LATINO AND RACE		
Total population	563,662	100.0
Hispanic or Latino (of any race)	431,875	76.6
Mexican	359,699	63.8
Puerto Rican	3,660	0.6
Cuban	476	0.1
Other Hispanic or Latino	68,040	12.1
Not Hispanic or Latino	131,787	23.4
White alone	103,422	18.3
RELATIONSHIP		
Total population	563,662	100.0
In households	558,533	99.1
Householder	182,063	32.3
Spouse	99,400	17.6
Child	205,937	36.5
Own child under 18 years	147,969	26.3
Other relatives	53,249	9.4
Under 18 years	24,167	4.3
Nonrelatives	17,884	3.2
Unmarried partner	6,870	1.2
In group quarters	5,129	0.9
Institutionalized population	3,248	0.6
Noninstitutionalized population	1,881	0.3
HOUSEHOLDS BY TYPE		
Total households	182,063	100.0
Family households (families)	141,071	77.5
With own children under 18 years	77,178	42.4
Married-couple family	99,400	54.6
With own children under 18 years	54,116	29.7
Female householder, no husband present	33,608	18.5
With own children under 18 years	19,355	10.6
Nonfamily households	40,992	22.5
Householder living alone	35,018	19.2
Householder 65 years and over	13,131	7.2
Households with individuals under 18 years	88,552	48.6
Households with individuals 65 years and over	44,037	24.2
Average household size	3.07	(X)
Average family size	3.54	(X)

HOUSING OCCUPANCY		
Total housing units	193,663	100.0
Occupied housing units	182,063	94.0
Vacant housing units	11,600	6.0
For seasonal, recreational, or occasional use	683	0.4
Homeowner vacancy rate (percent)	1.6	(X)
Rental vacancy rate (percent)	7.9	(X)
HOUSING TENURE		
Occupied housing units	182,063	100.0
Owner-occupied housing units	111,750	61.4
Renter-occupied housing units	70,313	38.6
Average household size of owner-occupied unit	3.20	(X)
Average household size of renter-occupied unit	2.86	(X)

(X) Not applicable

¹ Other Asian alone, or two or more Asian categories.

² Other Pacific Islander alone, or two or more Native Hawaiian and Other Pacific Islander categories.

³ In combination with one or more other races listed. The six numbers may add to more than the total population and the six percentages may add to more than 100 percent because individuals may report more than one race.

Source: U.S. Census Bureau, Census 2000 Summary File 1, Matrices P1, P3, P4, P8, P9, P12, P13, P,17, P18, P19, P20, P23, P27, P28, P33, PCT5, PCT8, PCT11, PCT15, H1, H3, H4, H5, H11, and H12.

2000 Census data Accessed: May 18 2010

http://factfinder.census.gov/servlet/QTTable?_bm=y&-geo_id=16000US4824000&-qr_name=DEC_2000_SF1_U_DP1&-ds_name=DEC_2000_SF1_U&-lang=en&-redoLog=false&-sse=on

Health Promotion, Education, and Communications Manual

Resources

In addition to sources listed in the reference section below, there are many useful tools available to assist staff with planning and executing health promotion, health education, and public health communication activities. Below is a list with the link to some of the most recommended sites. If any staff member finds other valuable resources, please send that information to the Health Education Manager so the list can be updated periodically.

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

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

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>

Additionally, the DPH has many resources and forms available for use by staff. Staff conducting health promotion, health education, and/or public health communication activities are free to use or adapt any of the attached resources to suit their needs. These forms are only required if stated so in policy. If not, the program may or may not choose to use them. This list is not inclusive of all possible forms or resources available.

- A Confirmation of Participants Form
- B-C Health Educator Observation Form
- D Health Fair Reporting Form
- E-K How to Coordinate a Health Fair
- L Lesson Plan Template
- M-N Photo Release Form (English and Spanish)
- O Presentation Evaluation Form
- P-U Press Conference Tips
- V Press Release Format
- W-Y Sign in Sheets



Confirmation of Participants Form

Date: _____

Place: _____

Zip Code: _____

Time: _____

Number of Participants: _____

Presentation: _____

Name of Presenter: _____

I verify the above information to be accurate.

Print Name

Title

Mayor
John F. Cook

City Council

District 1
Ann Morgan Lilly

District 2
Susie Byrd

District 3
Emma Acosta

District 4
Carl L. Robinson

District 5
Dr. Michiel R. Noe

District 6
Eddie Holguin Jr.

District 7
Steve Ortega

District 8
Courtney Carlisle Niland

City Manager
Joyce A. Wilson

Public Health
Director
Michael Hill

12A



Health Education Evaluation

Name of Educator: _____
Site: _____
Class Subject: _____
Number of Participants: _____
Date: _____ Language: _____

1. Did the speaker arrive on time? Yes ___ No ___
Comments: _____

2. Did the health educator gain and hold the attention of the class?
Yes ___ No ___ Comments: _____

- a.) Eye Contact? Yes ___ No ___
- b.) Enthusiasm? Yes ___ No ___
- c.) Did the use of visual aids help to increase understanding of material presented? Yes ___ No ___

Comments: _____

3. Did the health educator obtain class participation?
Yes ___ No ___ Comments/suggestions: _____

4. Were student(s) questions answered with accurate and complete information? Yes ___ No ___
Comments/suggestions: _____

5. Were there unanswered questions at the end of the presentation? Yes____No____

List of questions:

1._____

2._____

Comments/suggestions:_____

6. Did the health educator demonstrate knowledge on the subject matter that was taught? Yes____No____

Comments/suggestions:_____

7. Did the health educator communicate at a level the group could understand? Yes____No____

Comments/suggestions:_____

8. At what time did the class begin?_____

9. At what time did the class end?_____

Signature of Educator Title Date

Signature of Evaluator Title Date

Health Education & Promotion

Health Fair Reporting Form

Date: _____

Employee/volunteer name: _____

Name of Health Fair: _____

Location of Health Fair

Address: _____

Zip code: _____

Service provided:

Education: _____

Describe: _____

Screening: _____

Describe: _____

of people that received information: _____

of people that received a screening: _____

of people referred: _____

Employee/volunteer signature

Date

How to Coordinate a Health Fair

1. Determine where and when the health fair will be. If possible, see what else is going on in the community for that day. If there are several things happening, you may end up with a low turnout. Make sure the location is secured for the date and time you set.
2. Decide on the target population. Students, parents, elderly, patients? From there, you can establish which agencies you'd like to contact.
3. Begin calling agencies with enough time for them to get approval and assign someone to be at the fair. Estimated time to coordinate a health fair is about a month; however, it may take longer than this. Agencies book health fairs all the time, so sometimes the sooner the better.
4. Once you figure out which agencies are appropriate for your population produce a contact list and start calling the agencies.
 - Find out who you can speak to about participating in a health fair
 - Find out the contact person and ask for their contact information (phone, fax, email, etc.)
 - Some agencies will ask you to send a letter of invitation (next step).
5. Create an invitation letter (Example included, p. 5). This invitation letter should be very formal and state:
 - why you are holding the health fair
 - who your target population is & how many people you expect to attend
 - where the health fair is,
 - when it will take place (date & time)
 - i. also include by what date agencies should be registered & what time setup will begin
 - who the agency can contact if they have questions
 - i. Include phone number, fax number, email, address, etc.
 - If any type of food (i.e: snacks, light breakfast, lunch, etc.) will be available for the agency and if it will be provided by you.
 - i. You may want to solicit donations for this (to be discussed later on).
 - Anything else that you may think is relevantThis will be sent to various agencies (discussed later).
6. Create a registration form (Example included, p. 6). The form should include information about the agency you are inviting:
 - Name of the agency to participate in the fair
 - Brief description of the agency
 - Services that the agency can render & whether the service is free or if they charge

- Contact person of that agency
 - Address of agency
 - Fax Number
 - Phone Number
 - # of Chairs, if available or needed
 - Ask whether the agency needs to use an electrical outlet or if they have any other special needs.
 - Anything else you may think is relevant
7. Send (fax, email, regular mail) both the invitation letter and registration form to the various agencies.
 8. Call your contacts from the agencies to confirm that they received both of these documents.
 9. As registration forms are returned, follow up with a phone call or email to confirm. Follow up with one more phone call or email one to two days before the health fair as a reminder.
 10. Create a flyer for your health fair. Include:
 - Where health fair will take place; address & specific location (i.e: in the cafeteria, gym, conference room, etc.)
 - When (Date & Time) your health fair will be
 - What services can be rendered for free (Free Blood Sugar Screenings, Free Massages, etc. Make sure these are emphasized on the flyer)
 - Why should people attend? Example: Learn about your health and available resources.
- **Other tips for the flyer:
- Make sure the flyer is at a 6th grade reading level so everyone can understand it
 - Translate the flyer into Spanish. Remember that you could be leaving out a large portion of the population by not doing so.
 - Distribute these wherever you can. Tell your friends, family, coworkers, and post them up at gas stations, local supermarkets, etc. If you work at a school, hand them to your students and give them some form of incentive. One school proposed a popcorn party to those classes who had the most students show up.
11. Create banners for the various agencies that have registered. It can be as simple as typing up the name of the agency on a letter-sized sheet of paper. These banners will be used to distinguish which table each agency can set up at and it makes the process more organized.

12. Produce a sign-in sheet. This will be used to determine exactly who attended your health fair and what agency they represented. This also helps in the process of writing Thank You letters.
13. Before the health fair, create a checklist of what you need to take. This can include tape, scissors, snacks, banners, etc.
14. If you are coordinating the health fair at an alternate location, check to investigate where electrical plugs are, how the room will be set up, and if there will be a separate hospitality room for your agencies.
 - The hospitality room is used to serve food and refreshments for the agency representatives or just to have a place where they can take a break.
15. The date for your health fair has arrived! Make sure you get there with enough time to set up. You can make arrangements with the location to have the room set up for you with tables and chairs or you can do this yourself. Tape agency banners to tables. Remember to place those agencies that require electricity by electrical outlets.
16. Agencies will start arriving. Greet all of the representatives and have them sign in on a sign-in sheet. Let them know where the hospitality room is & where bathrooms are, and anything else you feel is relevant.
17. Do a walk through after the fair to see if anyone left any items behind. Contact those agencies that may have left items so they can pick them up.
18. Once the health fair is over, write Thank You letters as a courtesy for the agencies that participated and to the place that hosted the fair. Mail them out as soon as possible.
19. If you choose to, you can also create Certificates of Appreciation for the agencies and send those off with the Thank You letters or hand them out at the actual health fair.

How to Request Donations

1. Determine what types of donations you need. **What kind of health fair is it?** Does it focus on exercise? You may want to obtain bottled water. Is the health fair targeted towards children? You may ask for candy, stuffed animals, or pens & pencils.
2. **Who do you ask?** Ask everyone. Call local supermarkets such as locally-owned stores, Wal-mart, or produce markets. If you work at a school district, find out what your resources are. Your school may have a Partner in Education and you can obtain donations through them.
3. **Do the businesses want a request for donations letter?** Do you just have to call a manager and ask for it? You can call most businesses and find out what they need from you in order to acquire donations.
4. **Write a donation letter.** (An example is provided on page 7.) This donation letter should include:
 - Where the health fair will take place; address & where it will be at that location (i.e: in the cafeteria, gym, conference room, etc.)
 - When (Date & Time) your health fair will be
 - What type of donation you are asking for & how much. If you ask for fruit, for example, state how many participants you are expecting, and the business will determine how much they give you from there.
 - Or if you are asking for a monetary donation, how much?
5. Most businesses ask for a request for donations letter to be faxed. Call these businesses, find out a contact person, and determine how they want the letter.
6. Once the businesses get back to you on if they can donate, be sure to make arrangements for pickup. If the donation is fruit, schedule pickup for the day of or the night before. If the donation is bottled water or non-perishable foods, you can schedule to pick these up a good time before your health fair.
7. Health fair day has arrived! If you have any food or snacks for your agencies, make sure to place these in the hospitality room. If the agency representatives are responsible for buying their own food, be sure to tell them where they can go to do so.

Example of Invitation Letter

INSERT LETTERHEAD HERE

<Date>

To Whom It May Concern:

We would like to invite you to participate in the <Name> Health Fair, scheduled for <Date>, from <Time> to <Time>. This health fair is targeting the general population, from young children to the elderly.

We would also like everyone to learn about the services you provide. One table will be provided for each agency. You can begin setting up at <Time> at the <specific location>. <Health Fair Location> is located at <Complete Address>.

We look forward to your participation at the Health Fair. Please return the included registration form no later than <Date>. It may also be faxed to <Fax Number>. If you have any questions, please feel free to contact me at <Phone Number>.

Sincerely,

<Your Name>

<Your Title>

Example of Registration Form

Health Fair Registration Form

_____ Yes, I am interested in participating in the <Name> Health Fair on <Date> from <Time> to <Time>, at <Place>, <Complete Address>.

_____ No, I am not interested in participating in the Health Fair.

_____ Yes, I will need an electrical outlet.

_____ No, I will not need an electrical outlet.

_____ Yes There will be a charge for the service provided.

_____ No There will not be a charge for the service provided.

_____ If yes, how much is the fee?

One table will be provided for the agency. How many chairs will you need? _____

Name of Contact Person: _____

Name of Organization: _____

Address: _____

Phone: _____

Fax: _____

Brief Description of the Organization: _____

Services that can be rendered: _____

****Please return the registration form before <Date>:****

<Name of Agency/School>
<Street Address>
<City, State, Zip code>

OR

FAX to <Fax Number>
ATTN: <Name>
Email: <Email address>

Example of Request for Donation Letter

INSERT LETTERHEAD HERE

<Date>

<Name>

<Business Name>

<Street Address>

<City, State, Zip code>

Dear <Name>,

<Name of Agency/School> is hosting a health fair on <Day of Week>, <Date>, from <Time> to <Time>. It will be held at <Place>, located at <Complete Address>. This health fair is targeting young children, adolescents, adults, and the elderly.

The health fair begins with a walk-a-thon for participants at 8:00 am in the school parking lot. At 9:00 am, various health agencies will be set up in the school gym and will be offering information about diverse health concerns such as diabetes and nutrition. Services that will be provided include free blood glucose tests, blood pressure measurement, and free dental screenings.

We are asking for a donation of bananas, oranges, and apples to serve approximately 200 health fair participants after the walk. Any donation would be greatly appreciated.

Thank you for your time and consideration. If you have any questions and/or would like to donate or offer services, please contact <Name> at <Phone Number>.

Sincerely,

<Your Name>

<Your Title>

LESSON PLAN TEMPLATE

TITLE:

PURPOSE:

OBJECTIVES:

LENGTH:

PRE & POST TEST:

MATERIALS NEEDED:

MAIN TOPIC:

OUTLINE:

Introduction

Body

Conclusion

City of El Paso
Department of Public Health
Consent and Release From Liability

I, _____, hereby consent to being photographed by
(Print Name)

agents, employees and contractors of the City of El Paso Department of Public Health for training in preventive public health medicine, public health promotion and for educational purposes related thereto. I further authorize the Department of Public Health, its agents, employees and contractors to copyright, use, re-use, public and re-public any still or motion picture photographs of me, as well as any electronic recordings and other illustrations, in whole or in part, without restrictions as to changes or alterations. I also consent to the use of my photograph with any printed matter connected therewith.

I hereby waive any right that I may have to inspect and approve the finished product(s) and printed matter that may be used in connection therewith.

I hereby agree to release and hold harmless the City of El Paso, The Department of Public Health, their officers, agents, and employees from all liabilities, losses, suits, claims, judgements or demands arising out of the use of pictures or other personal information for the purpose set out in this Consent and Release form.

By signing this Consent and Release, I also acknowledge that I have been advised that my participation in the preparation of any materials by the Department of Public Health for the purpose set out herein for which my photograph or voice recording might be used is purely voluntary on my part, and my agreement or refusal to participate will in no way effect my eligibility for, or delivery of services by, the Department of Public Health.

I further understand that I will not be compensated in any way for the use of my picture or voice recording and waive any right I might have to compensation.

Signature _____ Date _____

Relationship (if applicable) _____

Witness _____

Address _____

If under 18, Parent signature required:

_____ Date _____

Parent Signature

City of El Paso
Department of Public Health
Consentimiento y Finiquito de Obligación

Yo, _____ por medio de este documento, doy
(letra de molde por favor)

mi consentimiento a ser fotografiado(a) por los representantes, empleados y contratistas de City of El Paso Department of Public Health para el uso de entreamiento tocante a la medicina preventiva, a la promoción de la salud publica, y a otros propositos educacionales que a esto se relacionen. Ademas, autorizo al Department of Public Health, sus representantes, empleados y contratistas el derecho de reproducir, usar y publicar cualquier fotografia(s), peliculas o grabacion(es) electronica(s) e ilustraciones sobre dicho material. Tambien doy mi consentimiento al uso de mi (mis) fotografia(s) con cualquier información impresa que a esto se refiera.

Yo, por medio de este documento, renuncio cualquier derecho que tengo de inspeccionar y aprobar el (los) producto(s) finales y material(es) impreso(s) que pueda(n) ser usado(s) en conexión con el (ellos).

Por medio de este documento, acuerdo a ceder estos derechos, y dejar a salvo, a la Ciudad de El Paso, el Department of Public Health, sus oficiales, agentes y empleados de todas las obligaciones, daños, demandas, redamaciones, juicios o exigencias que pueden resultar por el uso de dichas fotografias u otra información personal de acuerdo con los propositos y indicadas en esta forma de Consentimiento y Finiquito de Obligación.

Al firmar esta Forma de Consentimiento y Finiquito de Obligación, ademas certifico que me han informado que mi participación en la preparación de cualquier fotografias, peliculas, y grabaciones de mi voz, para los fines antes mencionados es de forma puramente voluntaria de mi parte, y si yo acepto o rehusa a participar no afectara de ningun modo, a mi elegibilidad de participar en cualquier programa, ni de recibir servicios, de el Department of Public Health.

Ademas, entiendo que no sere compensado(a) de ninguna manera por el uso de mi imagen en fotografia(s), peliculas, o grabacion(es), ni de mi voz, cediendo por medio de este documento, cualquier, derecho de compensación que pueda tener.

Firma: _____ Fecha: _____

Relación(si aplica): _____

Testigo: _____

Domicilio: _____

Si usted es menor de 18 años, se exige la firma de sus padres o de su Guardián.

Fecha: _____

Firma de Padre o Guardián

Presentation Evaluation



Name of Presenter: _____

Title of Presentation: _____

Date: _____

Location: _____

Please rate the following on a scale of 1-5

1-Poor 2-Fair 3-Good 4-Very Good 5-Excellent

1. Knowledge of the subject

1 2 3 4 5

2. How well did the presenter gain and hold the attention of the group (audience)?

1 2 3 4 5

3. How appropriate were the course contents/visual aids?

1 2 3 4 5

4. How effective was the presenter in communicating the information to the group in a level that they could understand?

1 2 3 4 5

5. Did the speaker arrive on time? _____

6. What did you like best about this presentation?

7. What did you like least about this presentation?

8. How can we improve?

9. Additional comments:

Name (Optional)

Title _____

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Public Health
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CITY OF EL PASO DEPARTMENT OF PUBLIC HEALTH MARKETING AND COMMUNICATIONS

PRESS CONFERENCE ORGANIZATION

A press conference can help publicize any major event or announcement by reaching many media outlets in the region together at one place and time. Press conferences can be quite efficient, however, it is extremely important to establish that the announcement or event has to be interesting, timely, but most importantly, newsworthy. If the event fails to consist of the latter, the media may not respond. This may hinder future coverage.

Location

Once a press conference has been approved, the conference location must be determined. The location is one of the key elements in having a successful press conference. The location should be:

- Easily accessible
- Available and with free parking
- Visually interesting to the media
- Holding a press conference at a place directly related to the announcement or event should be considered
- The use visual aids such as banners, posters, etc., is recommended

The venue should have ample space to accommodate media and guests. Camera crews and other electronic material will require space.

Panel

To maximize media attendance, it is beneficial to have one person that is considered high-profile speaking at the conference. Such person can be an artist, community leader, city representative, department head, etc. In addition, it is important for other individuals involved in the event or announcement to be present at the conference even if they are not speaking to answer questions. Having a full panel denotes support.

Scheduling

It is recommended to hold a press conference on Tuesdays, Wednesdays and Thursdays. Mondays are the beginning of the week and media usually use this day for planning and assignment meetings for the week ahead. Fridays are a considered a “wrap up” day, reporters and editors rush to complete assignments against the day’s and week’s deadlines.

The best time to hold press conferences is between 10:00 a.m. and 2 p.m., although the most recommended time is between 10:00 a.m. and 11 a.m., this way many television stations will include the event in their afternoon broadcast.

Weekend conferences are strongly discouraged since news organizations drastically reduce operational and reporting staff during the weekend. Furthermore, it is generally difficult to reach weekend staff before an event since they are not available during the week.

How to invite the media

The most common way to announce a press conference is a Media Alert (see tips on writing Media Alerts and template). The alert provides reporters with enough information to decide if they should attend the press conference, but not enough to make them feel they have the full story. If participants are available for interviews, state that in your advisory. Fax or email the media advisory one week in advance to allow sufficient time for media outlets to assess the story and make decisions about coverage.

One of the most important resources available is the Associated Press Daybook. The daybook is a listing of all press events for the following day. The Department of Public Health Public Information Officer (PIO) ensures the event is listed by noon the day before the event. The Associated Press Daybook email address is part of the Department of Public Health marketing e-mail distribution list.

Follow Up

It is of crucial importance to make follow up calls a day or two before the event. Faxes and e-mails often get lost or deleted. Calling also gives you an opportunity to sell the event/story and establish a working relationship with media gatekeepers such as reporters, editors and producers. Calling also gives you an idea of how many people will attend the event. Often, breaking news may decrease attendance to a news conference, for this reason it is important to state that press conference participants are available for in-studio and telephone interviews.

Materials for the media

It is important to construct a press kit/media packet for the attending media. The press kit/media packet should consist of:

- A copy of the press release
- Fact sheets about event, organization, or project
- Background materials that will amplify content of the press conference. These include pictures of exhibit, artist, spokes person, special guest, pamphlets, posters, postcards, etc.
- Snapshot biography and pictures of key spokesperson(s)

Preparing a spokespeople for the event

It is always a good practice to brief speakers on the event or statement. All participants should be prepared to answer any questions from reporters and other media staff. To help a spokesperson(s) better prepare the following should take place:

- Development of a brief statement
- Development of talking points to keep information flow linear and ensure that all major points are covered
- Development of questions that maybe asked and formulation of short and concise answers
- Decision on order of speakers and how long each will present. No speaker should take more than 10 minutes total speaking time. The length of the press conference should not exceed 20 to 30 minutes
- Decide how questions will be answered. If more than one person is involved in the presentation, it is a good idea to have a moderator who is knowledgeable about participants and can call on the best person to answer each question.
- Consider having a rehearsal to correct any unforeseen problems that may unrepentantly arise
- If available use a mult box. A multi box is a piece of audio equipment that allows media outlets such as TV cameras to plug in and directly receive sound input. This is highly recommended for press conferences large attendance to ensure speakers are heard clearly on video broadcasts.

Day of Press Conference - Setup:

- A good set up should include a good looking table, usually draped, with a banner of the organization or event
- It is recommended that the background should be aesthetically pleasing as well and should use logos or other attractive visual displays that will aid in event or organization branding
- Background banners should not be placed too high to be out of the picture or too low to be blocked by participants
- Ensure the right equipment is available. If microphones are used, electrical outlets to plug these into must be ensured. At this time it is important to check that facility is acoustically competent.

-Press Conference

- The day of the press event, ensure arrival at least an hour prior to start time. This will allow time to make any last minute arrangements or unforeseen difficulties.
- Assign someone to be a “greeter” who will be in charge of meeting guests as they arrive and direct them to the proper place

- Start the press conference on time, even if attendance is sparse
- An official should welcome the media and briefly mention why the press conference has been called. The official should introduce the speakers and let the media know that these individuals will be available for questions and interviews after the press conference

After the Press Conference

- It is a cordial and kind gesture to send thank you notes to all attendees if possible. Thank you notes let media representatives know that their work, support and coverage are greatly appreciated
- Monitor the media for coverage
- It is a good practice to whenever possible save video and newspaper clippings of event coverage. These may come in handy in the future.

**CITY OF EL PASO DEPARTMENT OF PUBLIC HEALTH
MARKETING AND COMMUNICATIONS**

Press Conference Check List

Facility

Conduct a walk-through at the site before the event and the morning of event.

- Site satisfactory
- Space adequate
- Parking Available
- Visuals Identified

Equipment

Test equipment before and on the day of the Event. Allow time for replacement and know who to contact about equipment and technical problems

- Microphone/Amplifier
- Mult Box
- Visual Aids
- Acoustics
- Visual Aids (banners, etc)
- Seating arrangements

Materials

Ensure all materials are available a day before the press event

- Name Tags/Tent Cards
- Posters
- Press kits/media packets
- Pads and Pencils

Staffing and Set up

Follow up with panelists to confirm attendance one day before the event. This leaves with ample time to remove, add or changes names to the programs and agenda.

- Speakers
- Staff on hand and in place
- Photographer
- Greeter
- Refreshments

**CITY OF EL PASO DEPARTMENT OF PUBLIC HEALTH
MARKETING AND COMMUNICATIONS**

**Press Conference Agenda
SAMPLE**

- I. Welcome by and organization official
 - a. Thank the media for their presence
 - b. Statement of purpose
- II. Introduction of panelists
 - a. Allow panelists to introduce themselves
 - b. Introduction should be inclusive of a short background
- III. Panel Presentation
 - a. Panelist 1- Will talk about subject X
 - b. Panelist 2- Will talk about subject X
 - c. Panelist 3- Will talk about subject X
- IV. Conclusion
 - a. Thank media for time and coverage
- V. Question and answers



Month ##, 20##

Department of Public Health

FOR IMMEDIATE RELEASE

Contact: Armando Saldivar (915) 771-5718 Cell: (915) 355-5234

Title Should be Short, Intriguing, and Draw Interest

Subtitle should provide a few more details

El Paso, Texas – First Paragraph should begin with a lead which expands the headline enough to fill in some details, and bring the reader further into the story. When writing the rest of this paragraph, remember that most journalists are very busy, and you should expect that much of what you write will be what they use in their story.

The Second Paragraph should also expand upon the lead but like the rest of the release, should be compact. Avoid using very long sentences and paragraphs. Also, avoid repetition and overuse of fancy language and jargon. Strive for simplicity, and never waste words. This document should be only a page long and contain the who, what, where, when, why, and how.

“It is very helpful to add a quote here that adds a personal touch to the release. It should be a sentence or two that drives home the message of the release, and gives some sentiment to the document” said Name, Title.

The number of paragraphs will vary from release to release, but this one can be used to introduce an event or important information:

Event Date
Event Time
Location
Address
(Important details)

Further details can be included here. It can also be used to relay information about future events or collaborations with other agencies and/or organizations.

The Department’s boilerplate paragraph will go here promoting the website or contact number for further information.

###

12V



Two Civic Center Plaza
El Paso, TX 79901
(915) 541-0000

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John F. Cook

City Council

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District 2

Susie Byrd

District 3

Emma Acosta

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Carl L. Robinson

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Dr. Michiel R. Noe

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Eddie Holguin Jr.

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Cortney Carlisle Niland

City Manager

Joyce A. Wilson

Dedicated to Outstanding Customer Service for a Better Community

SERVICE SOLUTIONS SUCCESS

SIGN IN SHEET



TYPE OF ACTIVITY: _____

DATE: _____ TIME: _____

LOCATION: _____ PRESENTER: _____

PLEASE SIGN IN:

- | | |
|-----------|-----------|
| 1. _____ | 20. _____ |
| 2. _____ | 21. _____ |
| 3. _____ | 22. _____ |
| 4. _____ | 23. _____ |
| 5. _____ | 24. _____ |
| 6. _____ | 25. _____ |
| 7. _____ | 26. _____ |
| 8. _____ | 27. _____ |
| 9. _____ | 28. _____ |
| 10. _____ | 29. _____ |
| 11. _____ | 30. _____ |
| 12. _____ | 31. _____ |
| 13. _____ | 32. _____ |
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| 19. _____ | 38. _____ |

Mayor
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Public Health
Director
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Dedicated to Outstanding Customer Service for a Better Community

S E R V I C E S O L U T I O N S S U C C E S S



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12Y



Health Promotion, Education, and Communications Manual

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