

MONTANA PUBLIC HEALTH COMMUNICATION PLAN

Public Health & Safety Division
2021-2023



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The following is the Communication Plan for State of Montana Public Health & Safety Division (PHSD). A division of the Montana Department of Health & Human Services (DPHHS).

This is a tool to assist PHSD administrative staff as well as the PHSD Communications Workgroup (CWG) members within the Division who work with the Office of Public Relations (OPR), the department responsible for external communications, to provide timely and accurate information in the most effective and accessible ways to the Montana State public.

The Public Health & Safety Communication Plan describes:

- What PHSD wants to accomplish with its communications objectives (goals),
- Ways in which these objectives can be accomplished (strategies),
- To whom the Division addresses its communications (audiences),
- How the PHSD accomplishes its objectives (the tools), and
- How the Division measures the results of its programs and services (evaluation).

This plan is divided up to the following sections:

- PHSD Communication Goals
- Strategic Objectives and Action Steps
- Historical Context (a history of communication efforts)
- Environmental Scan (demographic information)
- Key Communication Staff and their Roles
- Communication Tools (resources for developing and implementing the plan)
- External Communication
- Internal Communication
- Crisis and Risk Communication (a plan for communicating during a public health emergency)
- Evaluation

The Public Health & Safety Communication Plan supports the 2019-2023 Public Health & Safety Strategic Plan and the 2019-2023 State Health Improvement Plan. These three plans are written to work together supporting a vision of a healthy, safe, and thriving Montana.



PHSD COMMUNICATION GOALS

Public Health & Safety (PHSD) seeks to create healthy people in healthy communities by designing and implementing communication strategies and resources that:

- Influence individual behavior and collective action in the state of Montana to achieve the Division's mission, vision, and strategic directions;
- Demonstrate the value of PHSD and advance the public's confidence in the Division's services;
- Ensure the accuracy, timeliness of information shared, and the ability for diverse audiences to understand what PHSD disseminates;
- Foster an environment of openness and inclusiveness with both internal and external stakeholders;
- Evaluate the effectiveness of communication efforts to achieve continually improving strategies and actions, and
- Ensure communications are accessible wherever possible.

PHSD Vision

Healthy people in healthy communities.

PHSD Mission Statement

Improve and protect the health of Montanans by advancing conditions for healthy living.

Essential Public Health & Safety Related Communication

- Inform, educate, and empower people about health issues.
- Link people to needed personal health services and assure the provision of health care when otherwise unavailable.
- Evaluate effectiveness, accessibility, and quality of personal and population-based health services.

COMMUNICATION OBJECTIVES AND ACTIVITIES

The Public Health and Safety Division (PHSD), in alignment with our Strategic Plan, is committed to conducting activities that improve communication and collaboration between health department leaders related to public health management, planning, implementation, and evaluation utilizing the following communication objectives:

Objective 1:

Influence individual behavior and collective actions in Montana to achieve the Division's vision, mission, and strategic plan objectives.

Activities:

- Provide effective, understandable, and respectful communications and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs.
- Share *Public Health in the 406* branded messages regularly and as appropriate through web postings, social media platforms, newsletters, partner communication, and other relevant outlets.
- Assure the PHSD staff coordinate with the Public Information Officer (PIO) and other communication partners to continuously tailor communications to improve the reach to all Montanans, especially those underserved.
- Respond to media, data, and legislator requests for information in accordance with the document "DPHHS Communication Policy" (see appendix).

Objective 2:

Demonstrate the value of PHSD and advance the public's confidence in the Division's services.

Activities:

- Maintain a consistent brand/logo to unify and position the Division as a valued, effective, and trusted leader in the community.
- Build a solid relationship with Montanans through messages that reach and resonate (or connect) with specific audiences.
- Cultivate recognition through the *Public Health in the 406* brand to build a positive relationship with all Montanans, to become known as the foremost (trusted) authority on vital public health issues.
- Equate life in the 406 to *Public Health in the 406* as an easily recognizable brand presented in a way that reflects the way everyday Montanans think about the state in which they live.
- Provide consistency in communication tools, processes, and distribution.
- Demonstrate breadth of services.

Objective 3:

Ensure the accuracy and timeliness of information shared and the ability of diverse audiences to understand what PHSD distributes.

Activities:

- Respond to media-related requests in a reasonable timeframe. This includes requests through telephone, on-site, email, and via the Division's website.
- Follow the PHSD Communication Plan and "PHSD Logo Style Guide" (see appendix) to ensure consistent and effective use of branding to promote recognition of the Division.

- Provide regularly-updated information on the PHSD website (<https://dphhs.mt.gov/publichealth>), including links to other public health resources.
- Develop and distribute communication tools, messaging, and other informative pieces about PHSD programs and services.

Objective 4:

Foster an environment of openness and inclusiveness with both internal and external stakeholders.

Activities:

- Publish updates of the Communication Plan and encourage comments and ideas to improve the document.
- Ensure that PHSD materials on the website and those produced for distribution in the community are translated into relevant languages, written for appropriate reading levels, and take into account the unique needs of the audience.
- Assure communications are Americans with Disabilities Act (ADA) compliant.
- Encourage collaboration and communication between the Public Health and Safety Division (PHSD), the Public Information Officer (PIO), Department of Public Health and Human Services (DPHHS), the Internal Communication Work Group, local and Tribal health departments, contractors, and partners to increase effectiveness and breadth of communication efforts.

Objective 5:

Evaluate the effectiveness of communication efforts to continually improve strategies and actions.

Activities:

- Ensure PHSD and PIO staff coordinate efforts to ensure knowledge and application of Communication Plan remains consistent across the Division.
- Continuously evaluate the effectiveness of communication efforts to achieve improved outcomes and influence through a formal performance management system.



HISTORICAL CONTEXT

General Overview

The Montana State Board of Health was established in 1901; in 1967 the Legislative Assembly created the State Department of Health. The State Board of Health became The Department of Health and Environmental Sciences in 1971.

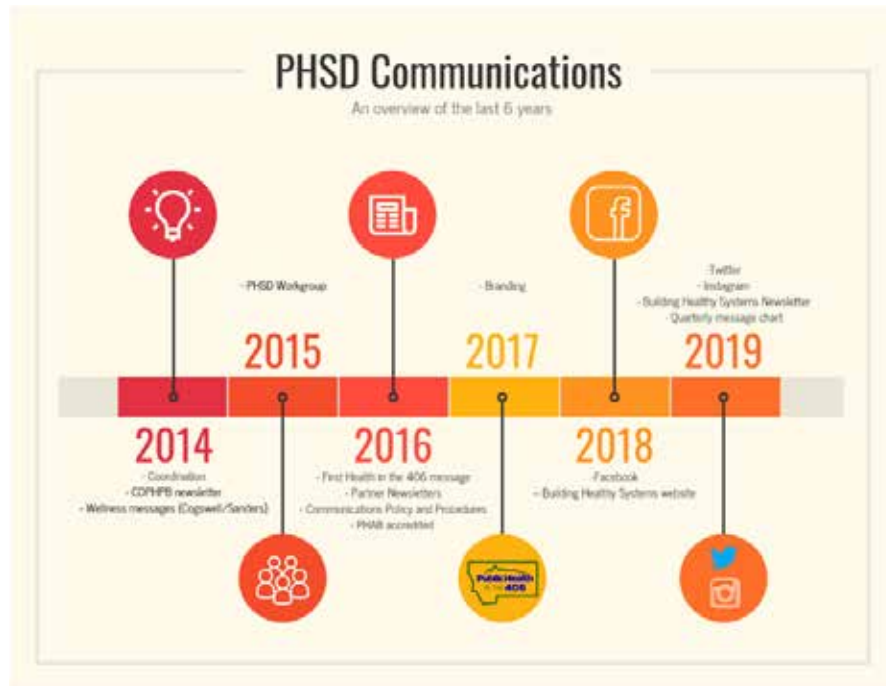
The Legislature established the Department of Public Welfare in 1937, consolidating state welfare activities. In 1971 the Department of Public Welfare was abolished and its functions assumed by the newly created Department of Social and Rehabilitation Services (SRS). State government reorganization in 1995 combined the SRS with portions of the Department of Health and Environmental Sciences to form the Department of Public Health and Human Services.

Public Health and Safety Division Communications

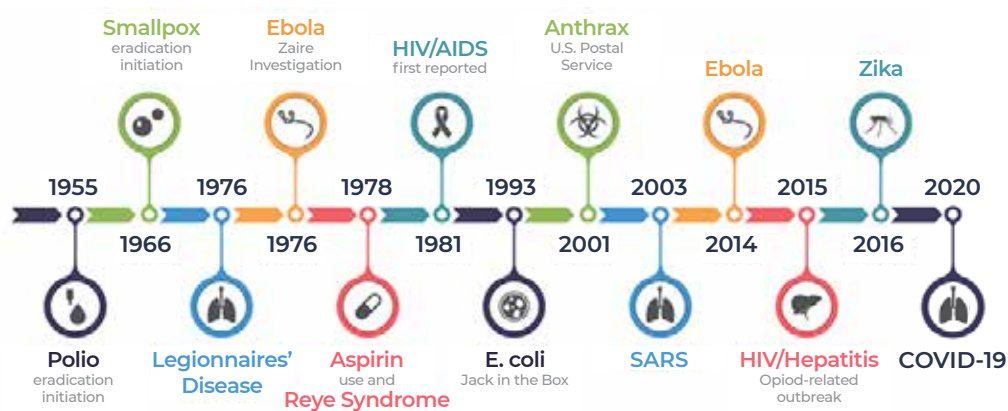
The Public Health and Safety Division (PHSD) is dedicated to protecting and promoting the public's health and improving the health and wellness of all Montanans. To help foster this goal, the PHSD sought Public Health Accreditation Board (PHAB) accreditation, whose mission is to advance the performance and quality of public health agencies and achieved accreditation November 2016. Once accredited, the PHSD created the *Public Health in the 406* brand to resonate with everyday Montanans. Creating an identity or brand for the Public Health and Safety Division was relatively easy. Our area code 406 is the telephone area code covering the entire state of Montana. It has been Montana's only area code since area codes were created in 1947. This visually represents our entire state and creates a warm, inviting, easily understandable, and relatable brand.

A communication workgroup formed, out of a Quality Improvement project, during the PHAB accreditation process and works directly with PHSD management. The workgroup facilitated the creation of comprehensive communication policies and procedures for the Division. From ID badges to letterhead, PowerPoints to newsletters, and every communication venue in between, our division logo is out front and leading the way to recognition. The PHSD Communications Workgroup continues to expand their audience and reach using social media and other communication tools (see page 15).

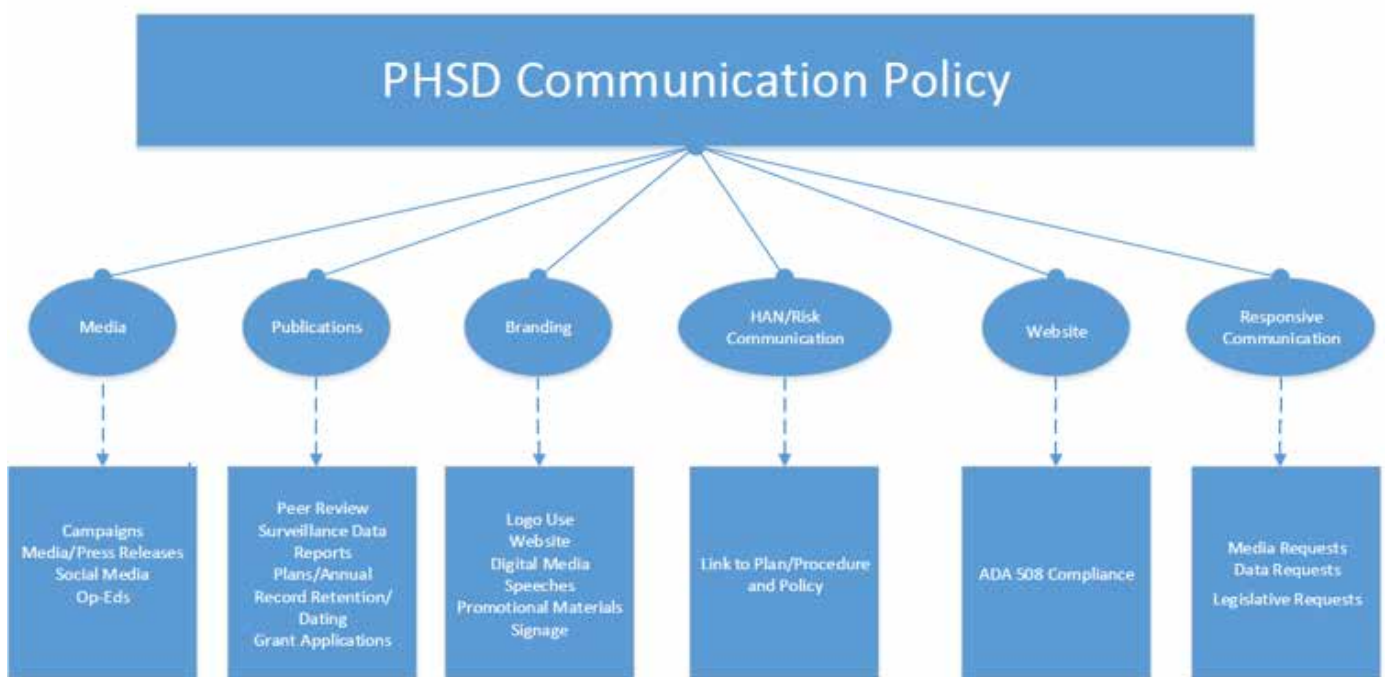
Over the past 6 years, communication has moved from a silo – single shot across the bow approach to a more collaborative multi-faceted approach. This performance driven initiative continues to clarify public health goals and objectives. Using relationships between audiences, messages, and channels, communication is more effective reaching a wider audience base and affecting those most vulnerable. To say that public health gets the word out is now an understatement. Strengthening awareness and accessibility to program innovations and delivery of services has been key to ensuring outreach is effective and efficient.



The public health infectious disease timeline, illustrated below, is a visual example of why communication for our Montana citizens is so important. Coordinated and effective communication to the media, the public, and essential partners provides awareness and key details. Planned communications increase the opportunity to improve the health of Montana communities. This systems thinking approach to communication relies heavily on relationships built within local and tribal communities. It all starts with communication and demonstrating the “why” as well as the “how”.



The PHSD Communication Policy is built upon important procedures that address communication design and best practices. From branding to multi-method delivery, the communication policy sets the tone by addressing one of the Strategic Plan strategies. Activities conducted improve communication and collaboration between health department leaders related to public health management, planning, implementation, and evaluation. (5.1.1). The Montana Public Health Department is accredited through the national standards of Public Health Accreditation Board (PHAB) through Domain 3 meet standards 3.1 and 3.2. The role of the health department is to provide accurate and reliable information about how to protect and promote individual and family health. (pg. 92, PHAB standards & measures version 1.2) A robust communication plan and supplementary policies and procedures assure that citizens of Montana are fully informed.



Policy Purpose

The Public Health and Safety Division (PHSD) of the Montana Department of Health and Human Services (DPHHS) is committed to informing the public on issues of importance to fulfill the mission of improving the health, well-being and self-reliance of all Montanans. The goal of public health communication is to provide useful, credible and timely information and messages to protect and promote the best health for all Montanans.

PHSD communications are culturally appropriate, accessible to people of all abilities, age appropriate, and available in both rural and urban communities.

ENVIRONMENTAL SCAN

State of Montana Public Health & Safety Division communication focuses on local media, key community stakeholders, Department of Public Health & Human Services and Division staff, and Montana residents. In order to better understand who these residents are, Table 1 summarizes important U.S. Census demographic information, which influences the goals and strategies for communicating with residents.

Overview of the Population

source: <https://www.census.gov/quickfacts>

DEMOGRAPHIC	MONTANA	US
Population, July 2019 estimate	1,068,778	328,239,523
Persons under 5 years, percent, 2018	5.90%	6.10%
Persons under 18 years, percent, 2018	21.60%	22.40%
Persons 65 years and over, percent, 2018	18.70%	16.00%
Female persons, percent	49.70%	50.80%
Racial Demographics		
White alone, percent	89.00%	76.50%
Black or African American alone, percent	0.60%	13.40%
American Indian and Alaska Native alone, percent	6.60%	1.30%
Asian alone, percent	0.90%	5.90%
Native Hawaiian and Other Pacific Islander alone, percent	0.10%	0.20%
Two or More Races percent	2.80%	2.70%
Hispanic or Latino, percent	4.00%	18.30%
White alone, not Hispanic or Latino, percent	85.90%	60.40%
Population Characteristics		
Veterans, 2014-2018	85,480	18,611,432
Foreign born persons, percent, 2014-2018	2.20%	13.50%
Housing		
Housing units, July 1, 2018, (V2018)	515,175	138,537,078
Owner-occupied housing unit rate, 2014-2018	67.70%	63.80%
Median value of owner-occupied housing units, 2014-2018	\$219,600	\$204,900
Median selected monthly owner costs - with a mortgage, 2014-2018	\$1,386	\$1,558
Median selected monthly owner costs - without a mortgage, 2014-2018	\$421	\$490
Median gross rent, 2014-2018	\$783	\$1,023
Building permits, 2018	5,099	1,328,827
Families & Living Arrangements		
Households, 2014-2018	423,240	119,730,128
Persons per household, 2014-2018	2.39	2.63
Living in same house 1 year ago, percent of persons age 1 year+, 2014-2018	84.20%	85.50%
Language other than English spoken at home, % of persons age 5 years+, 2014-2018	4.10%	21.50%

Computer and Internet Use		
Households with a computer, percent, 2014-2018	87.30%	88.80%
Households with a broadband Internet subscription, percent, 2014-2018	78.10%	80.40%
Education		
High school graduate or higher, % of persons age 25 years+, 2014-2018	93.20%	87.70%
Bachelor's degree or higher, percent of persons age 25 years+, 2014-2018	31.20%	31.50%
Health		
With a disability, under age 65 years, percent, 2014-2018	9.20%	8.60%
Person's without health insurance, under age 65 years, percent	10.00%	10.00%
Economy		
In civilian labor force, total, % of population age 16 years+, 2014-2018	63.10%	62.90%
In civilian labor force, female, % of population age 16 years+, 2014-2018	59.40%	58.20%
Total accommodation and food services sales, 2012 (\$1,000)	2,420,455	708,138,598
Total health care and social assistance receipts/revenue, 2012 (\$1,000)	6,469,475	2,040,441,203
Total manufacturers' shipments, 2012 (\$1,000)	11,535,236	5,696,729,632
Total merchant wholesaler sales, 2012 (\$1,000)	12,645,824	5,208,023,478
Total retail sales, 2012 (\$1,000)	15,623,573	4,219,821,871
Total retail sales per capita, 2012	\$15,544	\$13,443
Transportation		
Mean travel time to work (minutes), workers age 16 years+, 2014-2018	18	26.6
Income & Poverty		
Median household income (in 2018 dollars), 2014-2018	\$52,559	\$60,293
Per capita income in past 12 months (in 2018 dollars), 2014-2018	\$29,765	\$32,621
Persons in poverty, percent	13.00%	11.80%
Businesses		
Total employer establishments, 2017	381,921	7,860,674
Total employment, 2017	3,765,651	128,591,812
Total annual payroll, 2017 (\$1,000)	147,731,931	6,725,346,754
Total employment, percent change, 2016-2017	-0.50%	1.50%
Total nonemployer establishments, 2017	91,520	25,701,671
All firms, 2012	112,419	27,626,360
Men-owned firms, 2012	55,913	14,844,597
Women-owned firms, 2012	35,449	9,878,397
Minority-owned firms, 2012	5,578	7,952,386
Nonminority-owned firms, 2012	102,746	18,987,918
Veteran-owned firms, 2012	11,486	2,521,682
Nonveteran-owned firms, 2012	93,393	24,070,685
Geography		
Population per square mile, 2010	6.8	87.4
Land area in square miles, 2010	145,545.80	3,531,905.43

Languages Spoken in Montana

According to the U.S. Census in Montana covering 2014-2018, 95.9% of population (five years and older) speak English at home, compared to the US, where 78.5% of population speak English at home.

Four point one percent (4.1%) of the population speaks a language other than English at home in Montana, compared to 21.5% in the US. As evidenced by the chart below, Spanish, German, and all Native American languages combined (8,214 people) make up the largest percentages of languages spoken other than English.

Language	Number of People
English	896,207
Spanish	13,930
German	7,120
Asian and Pacific Island languages	3,876
Crow	3,860
French	2,305
Cheyenne	1,120
Blackfoot	1,075
Scandinavian languages	1,036
Chinese (all dialects)	1,000
Salish	565
Dakota	510
Ojibwa	305
Cree	250
Kutenai	165
Navajo	159
American Indian	85
Potawatomi	55
Nez Perce	35
Atsina	30

People with Hearing, Vision, and Vocal Limitations in Montana

It has been difficult to determine the percentage of people in Montana with hearing, vision, and vocal limitations. Consequently, only national statistics appear below:

- Approximately 7.5 million people in the United States have trouble using their voices (Source: National Institute on Deafness and Other Communication Disorders (NIDCD)*).
- Approximately 17% (36 million) of American adults report some degree of hearing loss (Source: National Institute on Deafness and Other Communication Disorders (NIDCD)*).
- Approximately 20.6 million American adults age 18 and older reported experiencing vision loss (Source: American Institute for the Blind)

Implications of these Demographics for PHSD Communication Division

- Photographs used on our website and in informational materials reflects the diversity in the population in terms of age, race, and gender.
- Materials created for a broad audience will be translated into languages (other than English) which are spoken in Montana. Also, materials produced for specific populations will also be translated into those languages.
- While more than 93% of Montana residents have graduated from high school, materials produced for the general public will be written at no higher than an eighth-grade level.
- Public meetings will recognize the need for accessibility by people with disabilities. For example: meeting rooms will be accessible for wheelchairs; agendas and informational material will be printed in large type for visually impaired people; and microphones will be used to magnify voices for hearing impaired. Public Health & Safety Division (PHSD) also utilizes language interpretive services and assures compliance with ADA guidelines for all posted documents.



KEY COMMUNICATION STAFF AND THEIR ROLES

Communication Collaboration

PIO

The State of Montana Public Information Officer (PIO) is a member of the PHSD Communications Workgroup. The PIO works directly with the Director of the Department of Health and Human Services and State Medical Officer and advises the workgroup regarding various communication platforms.

Division Communication Workgroup and PIO

The PHSD Communications Workgroup consists of representatives from each bureau, office, management, and the State of Montana PIO. When needed, the workgroup also collaborates with the State of Montana Medical Officer for advisement on medical issues, such as Zika or COVID-19 disease.

All collaborative communications run through the workgroup. This list includes the development of news advisories, news articles, media campaigns, speeches, social media information, videos, brochures, bulletins, newsletters, pamphlets, posters, audio/visual presentations, web sites, other publications, strategic plans, reports, and training staff as spokespersons for the media.

Communication Workgroup Responsibilities

- Reviews, oversees, creates, develops, coordinates, and implements *Public Health in the 406* communications.
- Coordinates social media communications for Facebook, Twitter, and Instagram.
- Coordinates newsletter information for Division partner newsletters.
- Serves as a liaison between bureaus.
- Collaborates with PIO on news releases and general public health messaging.

Tribal and Local County Health Departments

Having tools in place for effective communications for tribal and local county health departments is critical. In 2019, the Division surveyed tribal and local health departments regarding type and frequency of communications from the Division. From this information new tools were developed to make communications more centrally located and effective.

Tools developed include the Building Healthy Systems webpage, a web-based map gallery of all the community based programs and services available through the division, and a quarterly newsletter that is a follow-up to the quarterly tribal and local health department calls with the division.

Since 2020, PHSD facilitates and collaborates with Association of Montana Public Health Officials (AMPHO) with a platform powered by HigherLogic. This platform is AMPHO.ConnectedCommunity.org. It has become a primary reliable source for local and tribal health departments. The main focus areas are COVID-19 related communications and resources. AMDD is also using this platform to provide resources and grant funding opportunities. The connected community has emerged as a successful best in practice solution to many of the communication hurdles that have been facing public health.

Internal Staff

Transparency with PHSD staff is key to successful communications; they are our eyes and ears with stakeholders, partners, and the public. Communication policies and procedures are in place to assist staff on how to develop and brand communications, know and understand the review and approval process, and how to disseminate information through appropriate channels.

Keys to Effective Collaboration

Consistency of messaging to the public and through media is key. An important strategy for ensuring consistency is to coordinate messages with other State of Montana agencies. Schools, government agencies, hospitals, nonprofits, and businesses often have identified marketing, communication, or public information staff. Working with these professionals, keeping them informed about Division activities, coordinating efforts when appropriate, and learning from their attempts are important elements in effectively communicating with the public, as well as with county employees.



COMMUNICATION TOOLS

Approval

Planning your communication and selecting tools are vital to the success of effective delivery. A multi-method approach is preferred to ensure reach and impact to targeted audiences. Before drafting any communication, seek approval from appropriate sources. Reference the approved procedures.

Communication Tool	Used Internally	Used Externally
Email	X	X
Fax machine	X	X
Telephone (one on one, frequent calls, hotlines)	X	X
Online Communications		
<ul style="list-style-type: none"> PHSD website <i>(Partner website, e-newsletters, Public Health in the 406, Building Healthy Systems, Partner, etc.)</i> 		
<ul style="list-style-type: none"> Social media sites Facebook, Twitter, Instagram, YouTube, Pintrest, HigherLogic 	X	X
Videos and films	X	X
Press Conferences		X
Public meetings <i>(Briefings with state and local officials, community leaders, town hall meetings, conferences/presentations with community groups)</i>		X
General and ethnic media <i>(e.g., radio, television, and newspaper public services announcements)</i>		X
Marketing and sales <i>(billboards, television, radio, print media, and movie theaters)</i>		X
Listserv	X	X
Smartphone Apps		X
Oral presentations <i>(general staff meetings and conferences with community groups)</i>	X	X
Meeting and conference materials	X	X
News articles published in print media	X	X
Print publications <i>(including fact sheets, fliers, brochures, posters, annual reports, PHS newsletter, and Power Point slides, surveillance reports, Montana QuickStats)</i>		X
Promotional materials <i>(including pens, magnets, mirrors, stickers, coffee cozy, etc.)</i>		X
PHS Communication Plan <i>(including how PHS coordinates with the CWG and OPR)</i>	X	
Legal and legislative documents	X	
Committee and board communications		X
Branding <i>(such as letterhead, logos, etc.)</i>	X	X
Certificates and awards	X	
Direct mailings <i>(e.g., outreach to special populations, community-based organizations)</i>		X
Surveys	X	X
ArcGIS - HUB	X	X

MEDIA CAMPAIGN

Media campaigns are a planned series of communications and marketing materials to reach an intended audience related to specific public health topics, for example, smoke-free housing or stroke.

To put together a media campaign for your program, follow the below steps.

1. Identify the need for a media campaign
2. Complete a creative brief
3. Decide on a marketing agency
4. Design campaign
5. Review and approve materials
6. Measure and report campaign success



EXTERNAL COMMUNICATION

Overview

For purposes of this Plan, external communication is defined as communication to the general public who are not employees of the State of Montana, a Tribal or Local Health Department or contractor with the state. These “stakeholders” are comprised of anyone who has an interest in public health because he or she will be affected by or can impact the actions, plans, or policies. A key role of strategic communication is to build credibility and support with stakeholders.

This section includes:

- Public Health & Safety Division (PHSD) Stakeholders
- Communication Methods
- Keys to Effective Stakeholder Communication
- Stakeholder Communications
- Example of Stakeholder Communication

PHSD Stakeholders

Public Health & Safety Division (the Division) stakeholders are comprised of:

- Montana citizens
- Elected officials in city and state government
- Directors of staff of nonprofits, government agencies, and businesses
- Local and Tribal Health Departments
- Funders
- CDC
- Contractors of the Division
- State of Montana media
- And others who express interest

Communication Methods

The PHSD uses a variety of communication methods based on the topic and urgency of the communication to the intended recipient. Details of these communication methods are found in the following sections:

- See section on “Communication Tools/Methods” on Page 21
- See Communications – Press Advisory and Release on Page 15
- See Communications – Publications on Page 35
- See DPHHS Communications Policy on Page 32
- See PHSD Communication Policy on Page 32
- See DPHHS Social Media Policy on Page 41

Keys to Effective Stakeholder Communication

Communicating with stakeholders requires planning and follow-through. Information provided to stakeholders should:

- Provide information that adds to and does not detract from the Division’s credibility
- Be timely for the issues at hand
- Maintain consistency, especially since one person may receive information from a variety of sources
- Be sensitive to the issues and communication needs of the stakeholder

- Stay within relevant state and federal laws (e.g., Copyright Act of 1976, Health Insurance Portability and Accountability [HIPAA] Act of 1996; Americans with Disabilities Act of 1990)
- Educate the stakeholder on the issues
- Provide tools for the stakeholder to take appropriate action

Stakeholder Communications

- Websites – State of Montana Department of Public Health and Human Services (DPHHS) and Public Health & Safety Division (PHSD)
- Online community sharing
 - Building Healthy Systems
 - AMPHO Connected Community
 - LiveStories/IBIS
- *Public Health in the 406* social media (Facebook, Twitter, Instagram, Pinterest)
- *Public Health in the 406* e-newsletter
- Partner newsletters
- Surveillance reports
- Montana QuickSTATS

Example of Effective Stakeholder Communication: Outbreak of a Communicable Disease

The 2019 Novel Coronavirus (COVID-19) causes anxiety for Montana citizens trying to understand how to prevent infection and protect their communities. The State of Montana Public Information Officer (PIO) works closely with the Communicable Disease Bureau, Division management team, and Division communication workgroup to develop timely, accurate, up-to-date messages to distribute to stakeholders. These messages include the media, e-newsletters, partner newsletters, websites, and social media.



INTERNAL COMMUNICATION

Overview

While the objectives in this plan are primarily focused on the Public Health & Safety Division (Division), communication work relies heavily on collaboration efforts with the State of Montana Public Information Officer, Division staff and contractors, the Division PHSD Communications Workgroup, and Division staff working with tribal and local county health departments.

This section deals with:

- Internal Stakeholders
- Internal Communication Tools/Methods
- Communication Collaboration
- Public Information Officer (PIO)
- Communication workgroup
- Tribal and Local County Health Departments
- Internal Staff
- Keys to Effective Collaboration

Internal Stakeholders

Internal stakeholders are comprised of:

- Division administration and staff
- Department of Public Health and Human Services Director and staff
- Tribal and Local Health Departments
- Contractors
- Temporary staff, student interns, and VISTAs

Internal Communications & Methods

- E-mail
- Telephonic
- Webinars/Meetings/Conferences
- GoToMeeting
- Zoom
- Microsoft Teams
- Online, external (websites including DPHHS and PHSD), social media sites Facebook, Twitter, Instagram, and YouTube
- Online, internal network files
- Branding (e.g., letterhead and logos)
- Certificates and awards
- Internal face-to-face meetings
- Print publications
- Promotional Materials (e.g., logo wear, magnets, pens, etc.)

CRISIS & RISK COMMUNICATION

A plan for communicating during emergencies

Risk communication during a crisis or emergency event is vital to Montana's citizens. This communication provides information that keep all Montanans safe and gives them the ability to make informed decisions for their family, friends, and communities in which they live. This communication is accomplished within rapid timeframes and especially with Public Health, these health events can be anticipated.

The CDC provides guidance and framework in which Public Health use to develop processes for planning and conducting crisis and emergency risk communication. The State of Montana Public Health & Safety Division rely on the HHS Emergency Operations Plans, Health Alert Network (HAN), Continuity of Operations Plan (COOP) as planning and operational tools during communicable disease outbreaks, food and water contamination, chemical spills, wildland fires and smoke, drought, flooding, earthquakes, tornadoes, and avalanches.

Better known as CERC, the Crisis & Emergency Risk Communication uses lessons learned and results from research in the field during past events to assist health communicators, emergency responders, and leaders of organizations communicate effectively during emergencies. These plans are reviewed and updated annually.

For more on Public Health Emergency Preparedness communication plans visit this page:
<https://dphhs.mt.gov/publichealth/PHEP>.

COOP Plans

COOP Plans are overseen by the PHEP COOP Plan Coordinator within the Communicable Disease Bureau.

EVALUATION


Evaluation and Quality Improvement is an ongoing process and included in the Performance Management System. The following list of tools are used to evaluate the communication plan:


1. Meeting evaluation form: A survey that can be filled by the participants at the end of the meeting. Keep in mind that this should be short enough for the participants to fill in quickly. This can also be done via e-mail immediately after the meeting. (Use the template with modifications Alexis Wolf created – with edits as needed.)
 - a. Using a Likert scale of 1 to 5 (Strongly Disagree, Disagree, Neutral, Agree, Strongly Agree) - % Agree or Strongly Agree with each of the questions – target set at 85% > then adjusted upwards for future communications.
2. Verbal feedback: This is a good technique for small audiences. Request feedback at the end of the meeting and take notes. This feedback can be used to make the next meeting more productive.
3. Engagement profiles: In the article “Beyond Reporting—The Communication Strategy” Lynda Bourne describes the use of engagement profiles to measure the effectiveness of the communication plan. This technique involves assessing the gap between the current and target attitude of each stakeholder. Read the article for more details. This is a good technique that can be used for key stakeholders.
4. Open forums: Forums such as retrospective meetings are a good medium to get feedback about the overall communication plan from your team. Find out what went well and what didn't in terms of the communication and adjust the plan for the next sprint, iteration or phase.


Note: A mix of these techniques can be used to measure the effectiveness of the communication plan based on the audience and the type of communication. Pose questions that demonstrate the message is correctly understood and the purpose of communication is achieved.

Not all stakeholders require the same amount and/or type of communication. Some will require frequent, detailed information. Others may only need a regular high-level overview of the project. You can include a list or chart of levels of communication by stakeholder/stakeholder group in your communication plan.

APPENDIX A

Department of Public Health and Human Services – Policy		
	Category:	Public Health and Safety Division
	Policy:	Communications
	Policy Number	(optional)
<p>1. <u>PURPOSE</u></p> <p>The Public Health and Safety Division (PHSD) is committed to informing the public on issues of importance to improve the health, well-being and self-reliance of all Montanans. The following policy provides guidance for all the PHSD internal and external communications.</p> <p>2. <u>POLICY</u></p> <p>For all internal and external communications, the PHSD:</p> <ul style="list-style-type: none"> a) is committed to responding to all information requests in a timely, accurate, appropriate, reliable, relevant and professional manner. b) will provide effective, understandable, and respectful communications and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs. c) will be Americans with Disabilities Act (ADA) compliant. d) will be branded according to the PHSD procedure. <p>3. <u>SCOPE</u></p> <p>This policy applies to all Public Health and Safety Division employees and contractors.</p> <p>4. <u>RESPONSIBILITY</u></p> <p>It is the responsibility of all Public Health and Safety Division employees and contractors to ensure this procedure is followed throughout the Division. It is the responsibility of the supervisors to ensure that employees are educated on and adhere to the policy.</p> <p>5. <u>DEFINITIONS</u></p> <p>ADA: The Americans with Disabilities Act is an equal opportunity law for people with disabilities.</p> <p>Approved: 09/18/2017 - Last Reviewed: 04/10/2020 - Original Creation: Not Set</p>		

Department of Public Health and Human Services – Policy		
	Category:	Public Health and Safety Division
	Policy:	Communications
	Policy Number	(optional)
<p>HIPAA: Health Insurance Portability and Accountability is United States legislation that provides data privacy and security provisions for safeguarding medical information.</p> <p>6. RELATED DOCUMENTATION</p> <p>6.1 http://www.hhs.gov/ocr/privacy/hipaa/understanding/training/ 6.2 http://ours.hhs.mt.gov/hipaa/index.shtml MT DPHHS HIPAA Policy 001. Privacy of Protected Health Information MT DPHHS HIPAA Policy 002. Uses and Disclosures of Protected Health Information MT DPHHS HIPAA Policy 003. Minimum Necessary MT DPHHS HIPAA Policy 007. HIPAA Administrative Requirements MT DPHHS HIPAA Policy 008. Documentation and Record Retention 6.3 MT DPHHS Information Security and Data Access Policy, August 2004. 6.4 http://ours.hhs.mt.gov/hipaa/hipaatraining.shtml, MT DPHHS HIPAA training materials 6.5 PHSD Branding Strategy / Procedure – TBD 6.6 Other PHSD Communications Procedures – TBD 6.7 MCA 2-6-1201-1205 Public Records/Local Government Records</p> <p>7. RELATED FEDERAL OR STATE GUIDANCE</p> <p>Montana Code Annotated 50-1-105 - HEALTH AND SAFETY – ADMINISTRATION OF PUBLIC HEALTH LAWS - http://leg.mt.gov/bills/mca/title_0500/chapter_0010/part_0010/section_0050/0500-0010-0010-0050.html</p> <p>Public Health Accreditation Board Reaccreditation Process and Requirements – Measures 3.2 and 3.3 http://www.phaboard.org/wp-content/uploads/PHABGuideReacc.pdf</p>		
<p>Approved: 09/18/2017 - Last Reviewed: 04/10/2020 - Original Creation: Not Set</p>		


Department of Public Health and Human Services – Policy	
	Category: Public Health and Safety Division
	Policy: Communications
	Policy Number (optional)


8. RECORDS


Record	Where Filed	Responsible Individual	Indexing Method	Minimum Retention Time
BETS	Bureau Event Tracking System, an Access database in maintained by DPHHS.	Neil Squires	Events are entered electronically into BETS via ePass.	Until BETS is longer in use.
MCA 2-6-1201-1205	Public Records/Local Government Records	Montana Code Annotated		7 years

Approved: 09/18/2017 - Last Reviewed: 04/10/2020 - Original Creation: Not Set


APPENDIX B

Department of Public Health and Human Services – Procedure		
	Category:	<i>Public Health and Safety Division</i>
	Procedure:	<i>Communications - Publications</i>
	Procedure Number	<i>(Optional)</i>
<p>1. <u>PURPOSE</u> This procedure provides guidance to employees on reviewing and approving surveillance data report communications.</p> <p>2. <u>SCOPE</u> This procedure applies to Public Health and Safety Division employees when seeking approval to use and disseminate a surveillance data report.</p> <p>3. <u>RESPONSIBILITY</u> All Public Health and Safety Division employees will comply with this procedure. Supervisors will ensure that employees understand and follow this procedure.</p> <p>4. <u>DEFINITIONS</u> The following are considered Public Health and Safety Division Publications: Surveillance Data Report: a publication that summarizes public health questions related to surveillance data. Journal Manuscript: the research findings of your program written in accordance to the scholarly journal requirements that it will be submitted to for publication. Progress Report: a written document that explains how much progress your program, bureau or division has made over a defined period of time. Annual Plan: a program, bureau or division level plan for the evidence based work and budget for the year. Press Release: written communication directed to members of the media for the purpose of announcing something newsworthy.</p> <p>5. <u>PROCEDURE</u> Step 1: Bureau Chief Approval The Bureau Chief is the point of contact for each report and decides if the report is approved or needs to go through the full review process.</p> <p>If a full review is not needed the process is complete, skip to Step 6.</p> <p>If a full review is needed the Bureau Chief opens an Event in the Bureau Events Tracking System (BETS) to initiate the review process. The Bureau Chief will then email the State Epidemiologist from BETS that the report is ready for their review and feedback.</p> <p>The Bureau Chief may delegate authority if they will be out of the office during the review process.</p> <p>Bureau Chief will check report for:</p> <ul style="list-style-type: none"> • formatting / layout and color • grammar • reading level / plain language 		
<p>Approved: 08/03/2018 Last Reviewed: 04/23/2020 Original Creation: Not Set</p>		

Department of Public Health and Human Services – Procedure		
	Category:	<i>Public Health and Safety Division</i>
	Procedure:	<i>Communications - Publications</i>
	Procedure Number	<i>(Optional)</i>
<ul style="list-style-type: none"> • content <p>Step 2: State Epidemiologist approval The State Epidemiologist reviews the report and provides feedback within BETS, then from BETS emails the Bureau Chief that the review from their office is complete.</p> <p>The Bureau Chief reviews the State Epidemiologist's feedback and discusses with report author. The report author will update/revise report pre their discussion.</p> <p>State Epidemiologist checks for:</p> <ul style="list-style-type: none"> • data use • analysis • conclusion • methods • data presentation <p>Step 3: Division Administrator approval The Bureau Chief emails, from BETS, the revised report to the Division Administrator for review. The Division Administrator determines if the State Medical Officer needs to review as well.</p> <p>If Division Administrator is out of the office, the Bureau Chief may send report to the State Medical Officer for review/feedback.</p> <p>The Division Administrator will review report and provide feedback within BETS. From BETS, the Division Administrator sends an email to the Bureau Chief that their review is complete.</p> <p>The Bureau Chief reviews the Division Administrator's feedback and discusses with report author. The report author will update/revise report per their discussion.</p> <p>Division Administrator checks report for:</p> <ul style="list-style-type: none"> • legislative impact • legal impact • impact on partners <p>Step 4: State Medical Officer Approval The State Medical Officer's main review role is the medical accuracy and impact on public health. The State Medical Officer will review the report and provide feedback within BETS, then from BETS send an email to the Bureau Chief that their review is complete.</p> <p>The Bureau Chief reviews the State Medical Officer's feedback and discusses with report author. The report author will update/revise report per their discussion.</p> <p>State Medical Officer checks report for:</p>		
Approved: 08/03/2018	Last Reviewed: 04/23/2020	Original Creation: Not Set

Department of Public Health and Human Services – Procedure		
	Category:	<i>Public Health and Safety Division</i>
	Procedure:	<i>Communications - Publications</i>
	Procedure Number	<i>(Optional)</i>
<ul style="list-style-type: none"> • audience • medical accuracy • impact on partners <p>Step 5: Complete and Approve The Bureau Chief will determine if the report is complete and approved by Division Administrator for dissemination. The Bureau Chief distributes the report.</p> <p>Once approved, the Bureau Chief will email a copy of the final report to the Division Administrator and State Medical Officer.</p> <p>The Division Administrator notifies the Public Information Officer (PIO) of the report and responds to information requests from the PIO. The Division Administrator provides the PIO the published copy of the report.</p> <p>Step 6: Public Information Officer (PIO)</p> <p>The PIO should review all surveillance or data reports that are sensitive topics as determined by the Bureau Chief or Division Administrator. The PIO has the discretion to distribute report as is, request clarification or more information.</p> <p>As a courtesy, the PIO should see all reports at least 2 weeks prior to going to press. This will help the PIO plan for or respond to press events or inquiries. Per DPHHS Communication Policy, the PIO will receive a copy of all reports for informational purposes, no technical review necessary.</p> <p>Public Information Officer will check report for:</p> <ul style="list-style-type: none"> • appropriateness and consistency for sensitive topics • reading level / plain language <p>6. <u>RELATED DOCUMENTATION</u></p> <p>PHSD Communication Policy</p> <p>7. <u>RELATED FEDERAL OR STATE GUIDANCE</u> (IF APPLICABLE)</p> <p>General guidelines at the bureau level to consider when initially planning and drafting your report are:</p> <ul style="list-style-type: none"> • If you have concerns about data, layout or message – ask other subject matter experts (SMEs) in the planning stage. 		
<p>Approved: 08/03/2018 Last Reviewed: 04/23/2020 Original Creation: Not Set</p>		

APPENDIX C

	Category:	Public Health and Safety Division
	Procedure:	Communications - Media Advisory and Releases
	Procedure Number	
<p>1. <u>PURPOSE</u> <i>This procedure provides guidance to employees on composing press advisory and releases.</i></p> <p>2. <u>SCOPE</u> <i>This procedure applies to Public Health and Safety Division employees when seeking approval to use and disseminate press advisory and releases.</i></p> <p>3. <u>RESPONSIBILITY</u> <i>All Public Health and Safety Division employees will comply with this procedure. Supervisors will ensure that employees understand and follow this procedure.</i></p> <p>4. <u>DEFINITIONS</u> Media Advisory: a short announcement inviting the media to an upcoming event that DPHHS would like the news media to cover. (FYI: We wouldn't do an advisory that isn't open to the public.) Media Release: should be approached more like an article, which include quotes and facts, with the goal of generating interest in the news you are announcing; possibly getting picked up by your local or state media outlets</p> <p>5. <u>PROCEDURE</u> Step by Step Instructions Media Advisory:</p> <ol style="list-style-type: none"> 1. Before drafting either a media advisory or news release, first consult with PHSD leadership and the agency Public Information Officer (PIO) to discuss. Once the proposal is approved, then work with the PIO. Either the PIO or the subject matter expert will draft the press materials using the instructions below. 2. Use the below agency advisory/news release template. 		

FOR IMMEDIATE RELEASE

Date: February 19, 2020

Contact: Jon Ebelt, Public Information Officer, DPHHS
(406) 444-0936, (406) 461-3757, jebelt@mt.gov
Chuck Council, Communications Specialist, DPHHS
(406) 444-4391, (406) 461-8367, hcouncil@mt.gov

[Title Name Here]

MONTANA – add your content here

What:

When:

Where:

Speakers:

3. Write up a short summary.

Provide a short summary of the upcoming event. It only needs to be a few paragraphs. Include at the bottom the What, When, Where, and Speakers. Include a captivating headline.

4. Once you've drafted your advisory use the divisions *Communications – Publications* process in PolicyTech for review and approval.
5. After the press materials have been approved, discuss the best day for the DPHHS Public Information Officer to distribute to media.

Media Release:

- 1-2. Follow steps 1-2 in the Media advisory section above.
3. Write your content.

For your media release include detailed information and begin with the most newsworthy and current information first. Ask what is the message I am trying to convey?

Include relevant statistics, funding information, links to current reports, recent legislation, and quotes from subject matter experts. Reporters don't have time to track down all the information, so if we can provide it, then it makes it much easier for them.

Generally, the media release should not exceed 2 pages in length.

Include 2-4 quotes from 2-3 people; this will depend on how complex the topic is and the length of the news release.

6. RELATED DOCUMENTATION

DPHHS Communication Policy
PHSD Communication Policy

PRESS RELEASE



NEWS

Improving and Protecting the Health, Well-Being and Self-Reliance of All Montanans.

FOR IMMEDIATE RELEASE

Date: March 3, 2020

Contact: Jon Ebelt, Public Information Officer, DPHHS, (406) 444-0936, (406) 461-3757

jebelt@mt.gov

Chuck Council, Communications Specialist, DPHHS, (406) 444-4391, (406) 461-8367

hcouncil@mt.gov

DPHHS, coffee shops join forces to promote colorectal cancer screening

HELENA – Public health officials and numerous Montana coffee shops have announced a new effort today to promote the importance of colorectal cancer screening among individuals ages 50 to 75.

As part of Colorectal Cancer Awareness Month in March, the Department of Public Health and Human Services (DPHHS) is providing coffee sleeves to participating coffee shops in Montana with an important public health message: *“Colorectal cancer screening saves lives, but only if you get tested! If you are 50 or older, talk to your doctor about which test is right for you.”*

“Colorectal cancer is preventable through screening at age 50,” DPHHS Director Sheila Hogan said. “It’s vitally important that people are screened. Early detection is the key.”

Hogan said that of cancers affecting both men and women, colorectal cancer is the second leading cancer killer in the U.S. and the risk increases with age. Colorectal cancer occurs most often in people age 50 years or older.

Regular screening for colorectal cancer is recommended for all adults age 50 to 75. That is the age range when this type of cancer occurs most often. Those younger than 50 with a personal or family history of cancer, and those between ages 76-85, should consult with their doctor about when to screen.

Taralee Mongoven, owner of Leilani’s Lattes said she and her family have been personally impacted by cancer. “This is such an important message the public needs to be aware of,” she said. “Lives can be saved if people know the importance of early screening.”

Across the state, over 75 coffee shops and clinics are participating. A link to the participating shops can be found here <https://dphhs.mt.gov/publichealth/Cancer/colocoffeesleeve>

Sara Murgel of the DPHHS Cancer Control Program said new data shows that Montana has shown an increase in the percentage of men and women aged 50-75 who report being up-to-date with colorectal cancer screening. According to the 2019 Montana State Health Improvement Plan, 65% of Montanans are up-to-date, which is up from 62% in 2018.

However, Murgel said the goal nationwide is to reach 80%. “We are improving, but we still need to keep this important issue in the forefront,” she said. “We appreciate the coffee shops joining us in this effort.”

Screening tests can find precancerous polyps so they can be removed before they turn into cancer. Screening also finds colorectal cancer early, when treatment works best.

Colorectal polyps and early stage cancers don’t always cause symptoms, especially at first. That is why getting screened regularly for colorectal cancer is so important.

You may be at increased risk for colorectal cancer if:

- you or a close relative have had colorectal polyps or colorectal cancer;
- you have inflammatory bowel disease, Crohn’s disease, or ulcerative colitis; or
- you have a genetic syndrome, such as familial adenomatous polyposis (FAP), or hereditary non-polyposis colorectal cancer (Lynch syndrome).

Any coffee shop that wants to participate is encouraged to contact the DPHHS Montana Cancer Control Program for more information by calling Murgel at 444-1437.



DPHHS staff, local public health and several coffee shop owners pose for a photo to announce the new coffee sleeve awareness campaign in Helena.



Colorectal cancer screening saves lives, but only if you get tested!

If you are 50 or older, talk to your doctor about which test is right for you.



Healthy People. Healthy Communities.

Department of Public Health & Human Services


If you are in crisis and want help, call the Montana Suicide Prevention Lifeline, 24/7, at 1-800-273-TALK (1-800-273-8255) or text 'MT' to 741-741.

Stay Connected with the Montana Department of Public Health and Human Services



SUBSCRIBER SERVICES: [Manage Subscriptions](#) | [Help](#)

APPENDIX E

Department of Public Health and Human Services – Procedure		
	Category:	Public Health and Safety Division
	Procedure:	Communications – Social Media
	Procedure Number	(Optional)
<p>1. PURPOSE This procedure provides guidance to employees on how to use Facebook to communicate with contractors, local health departments and the public.</p> <p>2. SCOPE This procedure applies to Public Health and Safety Division employees when seeking approval for a message to be posted, or commented on, in Facebook.</p> <p>3. RESPONSIBILITY All Public Health and Safety Division employees will comply with this procedure. Supervisors will ensure that employees understand and follow this procedure.</p> <p>4. DEFINITIONS</p> <p>Facebook is a social networking website and service where users can post links to news and other content on the Web.</p> <p>Public Health in the 406 Facebook is the name of the site for the Public Health and Safety Division bureaus to post public health content.</p> <p>Public Health in the 406 Facebook Administrator may assign different levels of access to the division Facebook page. Jon Ebelt and Linda Krantz are the current administrators.</p> <p>Public Health in the 406 Facebook Editors is a group of division staff that consists of at least two representatives from each bureau that work directly with the Bureau Chief and the Public Information Office. These Facebook editors will be the only division staff who may post, manage content and respond to comments as ‘Public Health in the 406’.</p> <p>Public Information Office (PIO) provides professional communication support to the Public Health & Safety Division. This support includes review and proper distribution of communications, information requests, and much more. Jon Ebelt is the division point of contact.</p> <p>5. PROCEDURE</p> <p>Step 1: Creating Content Have an idea for a Facebook post? Work with your bureau Facebook Editor to draft a message within Facebook, Venngage, etc. Once content is drafted, proceed to Step 2.</p> <p>Step 2: Content Approval The Bureau Chief is the point of contact for each draft message and decides if the draft is approved to post or if it needs further editing.</p> <p>Approved: _____ Date Approved _____ Last Reviewed: { Last Periodic Review Date } Original Creation: Original Creation Date</p>		

If content is approved by the Bureau Chief, move onto **Step 3**.

If further review is needed, the Bureau Chief will advise staff on how to proceed and complete.

Step 3: Post Content

Staff will provide approved message(s) and posting date to their bureau Facebook Editor(s).

Step 4:

Facebook Editor will post approved message(s).

Step 5. Comments

The comment feature on Facebook will remain enabled.

Comment as Bureau Chief: The Bureau Chief will work with the division Facebook Editors as to which comments need to be responded to and approve all comment responses prior to posting. The comment, when appropriate, should be a collaborative, strategic response from the division subject matter expert(s).

Comment as the Facebook Editor: Any comment made by the Facebook Editor needs to be approved by the Bureau Chief (see above) and will display as a comment by 'Public Health in the 406'.

Comment as Yourself: If you choose to post a comment as an individual be professional; you represent the Department of Public Health & Human Services.

All Public Health and Safety Division Staff: Encourage partners and local health departments you work with to like, share, follow and comment on our Facebook page.


6. RELATED DOCUMENTATION


DPHHS Communications Policy
PHSD Social Media Policy


7. RELATED FEDERAL OR STATE GUIDANCE (IF APPLICABLE)


Approved: Date Approved Last Reviewed: { Last Periodic Review Date } Original Creation: Original Creation Date

APPENDIX F

Department of Public Health and Human Services – Procedure		
	Category:	<i>Public Health and Safety Division</i>
	Procedure:	<i>Communications - Website</i>
	Procedure Number	<i>(Optional)</i>
<p>1. <u>PURPOSE</u></p> <p>The Montana Department of Public Health and Human Services (DPHHS) originally established its website on June 10, 1996, at www.dphhs.mt.gov . The purpose of the site as stated in the POL-Website policy is to:</p> <ul style="list-style-type: none"> • Provide accurate, up-to-date information about DPHHS and its programs and services 24 hours a day, 7 days a week; • Fulfill constitutional and statutory mandates regarding the rights of all Montanans to reasonably participate in the operation of state agencies, examine public documents, and observe the deliberations of state agencies and their subdivisions; • Enable the public to easily access services offered by the Department; • Communicate with Department partners and stakeholders; and • Reflect and facilitate the Department’s mission to improve and protect the health, well-being, and self-reliance of all Montanans. <p>This procedure will assist and aid in the accomplishment of the policy listed purposes. The procedure will facilitate the communication, awareness, and aids from the Public Health and Safety Division (PHSD) to the citizens of Montana and entities/stakeholders that PHSD serves.</p> <p>2. <u>SCOPE</u></p> <p>This procedure encompasses the PHSD home page, bureau / program pages, and activity or standalone web pages where constructed by personnel such as vendors, and PHSD staff. In addition, pages funded with PHSD Program dollars not housed on the SITSD server must comply with this procedure.</p> <p>3. <u>RESPONSIBILITY</u></p> <p>The DPHHS Public Information Officer (DPHHS PIO) will serve as the website administrator in collaboration with Technology Services Division Information System Bureau and HHS Web Support team.</p> <p>HHS Web Support will support through training, guidance, and action the PHSD Web Editors. The team will supply reporting, tips, and solutions for pages containing issues such as compliance, broken link, spelling and design issues.</p> <p>The PHSD Systems Improvement Office (PHSIO) will serve as the liaison between the DPHHS Public Information Officer and the DPHHS Web Support offices. This office is responsible for providing awareness; facilitate opportunity for training, and assistance in creating, modifying, and ADA compliance for all PHSD web pages.</p> <p>PHSD Web Editors are responsible for ADA compliance of assigned web pages and content as prescribed by the DPHHS PIO and HHS Web Support policies and procedures. The PHSD</p>		
<p>Approved: 01/11/2018 Last Reviewed: 08/01/2019 Original Creation: Not Set</p>		

Department of Public Health and Human Services – Procedure		
	Category:	<i>Public Health and Safety Division</i>
	Procedure:	<i>Communications - Website</i>
	Procedure Number	<i>(Optional)</i>
<p>Web Editor is the subject matter expert (SME), or works with the SME to produce “user friendly” site pages.</p> <p>Subject Matter Expert (SME) is a person who is an authority in a particular area or topic. The SME is responsible for defining the processes, diseases, health issues, and provides tips, tools, and solutions that address needs regarding health concerns. The SME ensures that all related information is current and up to date with relevant documents and links.</p> <p>Contracted Vendor(s) are responsible for producing ADA compliant publications in all formats. Examples are PDFs, video, infographics, etc.</p> <p>4. <u>DEFINITIONS</u></p> <p>Website: dphhs.mt.gov is the home and main page for the subsite pages related to the Department of Health and Human Services.</p> <p>PHSD: Public Health and Safety Division is a division within DPHHS. The PHSD subsite page(s) address health concerns such as communicable disease and outbreaks like HIV as well as chronic diseases such as cancer and asthma. Home visiting and WIC programs are also in the purview of this division. Public Health Emergency Preparedness, food and consumer safety, work safety, vital statistics, water quality lab, and epidemiology are just a few of the wide variety of programs that make up this health department.</p> <p>DNN: Dot Net Nuke is the site platform on which the site pages are hosted.</p> <p>ADA / WCAG 2.0 Compliance: Americans with disability act is a civil rights law that prohibits discrimination against individuals with disabilities. Its partner, Web Content accessibility guidelines are the set of standards that define how to make web content more accessible to people with disabilities.</p> <p>POL: Short for Policy. Naming convention used in Policies created and maintained by the Department.</p> <p>5. <u>PROCEDURE</u></p> <ol style="list-style-type: none"> 1. Web editors are designated initially by each bureau chief. The editor fills out an OM300, with authorization signature of bureau chief. The OM300 is submitted to security per the form. 2. An email is sent to the PHSIO management analyst stating the date the OM300 was sent. The PHSIO management analyst forwards the request to PHSD Finance Bureau Chief for approval. Approval email is then forwarded by management analyst to HHS Web Support. 3. HHS Web Support will cross reference OM300 and PHSD approval email. The new web editor will be added to the requested page for editing permissions. Web editor training is required by HHS Web Support and scheduled per their procedure. 4. The website pages will reflect the customer-oriented philosophy and should be “user friendly”. These sites are the “face” of our programs and division. The standard philology will <p>Approved: 01/11/2018 Last Reviewed: 08/01/2019 Original Creation: Not Set</p>		

Department of Public Health and Human Services – Procedure		
	Category:	<i>Public Health and Safety Division</i>
	Procedure:	<i>Communications - Website</i>
	Procedure Number	<i>(Optional)</i>
<p>demonstrate information written and displayed in a form and format that the public can readily understand and navigate.</p> <ol style="list-style-type: none"> 5. Creation of website pages require a written request that maps the intent and demonstrates a critical need for the page with a focus on the audience the page is intended to reach. This request will detail the navigation mapping. Requests will be submitted to the PHSIO management analyst. 6. The web site page should: <ol style="list-style-type: none"> a. Contain accurate and up-to-date information; b. Contain information pertinent to the public, the PHSD stakeholders, and to the mission of the division; c. Be accessible to Internet users as mandated by state and federal laws and regulations; d. Be maintained as a single site with many unique parts rather than as a portal to many separate websites; e. Be organized in a way that does not require knowledge of the Division’s administrative structure; f. Include a robust search mechanism for easy-to-find index of all division programs services; g. Web page content written in concise, simple, and every day (plain) language; h. Avoid the use of government and professional jargon; i. Minimize the use of acronyms, and spell out at least once on each web page and acronyms that are used; and j. Provide explanatory information as needed for documents available on the site. 7. Use the HHS Web Support Website Standards and Style Guide for font, skin, and design standards. These procedures prescribe the ADA compliance accessibility and SiteImprove analytics guide. 8. Using SiteImprove the web editor is required to edit, corrects broken links, misspellings, and inaccessibility issues within 5 business days. 9. HHS Web Support may notify the PHSD SIO management analyst if pages continue to have issues not addressed by the web editor. This occurs only after 3 repeated attempts to assist the web editor have failed. 10. PHSD SIO management analyst will reach out the web editor. If no response, contact for resolution will include the bureau chief. <ol style="list-style-type: none"> a. Removal of site pages occurs when page issue resolution take more than 7 business days. Sites are moved from published status back to test status after all other options have failed. 		
<p>Approved: 01/11/2018 Last Reviewed: 08/01/2019 Original Creation: Not Set</p>		

Department of Public Health and Human Services – Procedure		
	Category:	<i>Public Health and Safety Division</i>
	Procedure:	<i>Communications - Website</i>
	Procedure Number	<i>(Optional)</i>
<p>6. <u>RELATED DOCUMENTATION</u></p> <p>DPHHS Website Policy: http://ours.hhs.mt.gov/webprocedures/WebsitePolicy.pdf</p> <p>DPHHS Website Standards & Style Guide: http://ours.hhs.mt.gov/webprocedures/DPHHSWebStandardsandStyleGuide.pdf</p> <p>7. <u>RELATED FEDERAL OR STATE GUIDANCE</u> (IF APPLICABLE)</p> <p>DPHHS Website Policy: http://ours.hhs.mt.gov/webprocedures/WebsitePolicy.pdf</p> <p>DPHHS Website Standards & Style Guide: http://ours.hhs.mt.gov/webprocedures/DPHHSWebStandardsandStyleGuide.pdf</p>		
Approved: 01/11/2018	Last Reviewed: 08/01/2019	Original Creation: Not Set



OUR COVER IMAGE

When Horses Talk War There's Slim Chance for Truce

Charles M. Russell

Oil on canvas, 1915

Montana Historical Society Mackay Collection, X1952.01.08

INSPIRATION FOR DOCUMENT DESIGN

County of San Diego, Health and Human Services Agency.

Public Health Services Communication Plan. February 2015

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