

UGPHD

COMMUNICATIONS & BRANDING GUIDE

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Unified Government Public Health Department
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Public Health
Prevent. Promote. Protect.

Table of Contents

Introduction	4
Who is the UGPHD?	5
High Level Policies & Procedures	
Communications Coordinator	8
UGPHD Staff Responsibilities	9
Approval Process for Communications	11
Privacy Considerations	16
Developing Effective & Consistent UGPHD Messaging	
Input to Help Direct our Communications & Branding	19
What is a “Brand,” Anyway?	22
Document and Message Development	23
Staying On-Message	25
Evaluation and Monitoring	28
Style Guide for UGPHD Materials	
Logo Usage Guide	30
UGPHD Colors	32
Guidance on Colors	35
Typography Guide	36
Formatting Guide	38
Program Area Logos & Branding	39
Working with Other Organizations on Communications & Branding	41
Communicating with Different Audiences	44
Internal communications (Health Department staff)	45
UG leadership and elected officials	45
Kansas Legislators, Elected Officials, and Leadership of Other State Agencies	46
Clients and potential clients	47
Other community members	47
Partner organizations	48
Funders and potential funders	49
Reporters/News Media	49
Other Audiences	51

<u>Guidance on Specific Types of Communications</u>	53
News releases	53
Social Media	54
Website	56
Flyers, brochures, and other print materials	57
Presentations	57
Grant applications	58
Email	58
Event Planning	59
UGPHD Signage	60
<u>Communicating during a Public Health Emergency</u>	65
<u>Recommendations and Future Directions</u>	66
Appendices	
Appendix A: Definitions	68
Appendix B: Press Release Template and Guidance Resources	69
Appendix C: Tip Sheet – Engaging the Media	72
Appendix D: Consent for Photography/Videotaping	74
Appendix E: Image Usage Guide	75
Appendix F: Messaging Strategy Form	77
Appendix G: Planned Approach for Health Promotion Materials and Activities	78
Appendix H: Canva Guide	80
Appendix I: Tips on Working with Graphic Designers	82
Appendix J: People First Language	84
Appendix K: Accessing Resources in the Y Drive and SharePoint	85

Introduction

The creation of a Communications & Branding Guide not only outlines policies and procedures for conducting high-quality, unified communications work, but it also involves intentional reflection about who we are and what we do. The Unified Government Public Health Department (UGPHD) strives to be a health department that goes beyond health care and serves all of Wyandotte County in a way that reflects and respects our diversity. A large part of being a high-performing, community-centered health department includes the ability to communicate well to a wide range of audiences in methods and styles that are accessible to them. This communication not only acts as an important function of a health department in and of itself, but it enhances the other work that we do. The policies and guidelines outlined in this plan are the responsibility of all UGPHD employees to uphold and put into practice. Through the implementation of this plan we commit ourselves to being a responsive, proactive, resident-focused health department and a trusted, dedicated partner in health.

Purpose

The purpose of this guide is to define the branding and communication standards and processes of the UGPHD and ensure that all UGPHD staff have the tools they need to implement these standards and processes. This guide will be used to develop and share public health information in a timely, accurate, consistent, complete, and culturally appropriate manner.

Scope

This plan applies to all written, spoken, visual, and electronic interaction with audiences. The following procedures are to be followed by all UGPHD personnel.

Goals

- Establish protocols for all external communications
- Standardize and centralize all communication efforts of the UGPHD
- Increase organizational visibility within the community
- Establish the UGPHD as a trusted source of important public health information, such as disease outbreaks, health trends, events, and services
- Mobilize the community around public health issues
- Develop and maintain positive relationships with community partners and the public
- Connect residents to needed health services
- Connect residents and organizations to local health initiatives
- Provide excellent public service through strong communication strategies

Who is the UGPHD?

History of the Unified Government Public Health Department

The Public Health Department in Wyandotte County, Kansas has been in existence since 1910, when the first Kansas City, Kansas Municipal Health Department was formed. In those early days, health officials battled such diseases as smallpox, typhoid, and tuberculosis. In 1943, a combined City-County Department of Health was created and began providing services at a building owned by the United States government, at the current location today. At that time, the scope of the Public Health Department expanded to provide safeguards for, and improvements of, health in the community by engaging in activities that included: effective contagious disease control; special control programs for TB and VD; generalized nursing programs; well-baby conferences; prenatal conferences; school health programs; food-and-drug and restaurant inspections; dairy inspections; generalized sanitation program; dental hygiene program; and health education and accident prevention programs.

Today, the Unified Government Public Health Department (UGPHD) provides continued safeguards for the county residents' personal and environmental health and wellbeing, and has a mission "To prevent disease, promote wellness, and to protect and improve the environment in Wyandotte County". The UGPHD promotes health and a safe environment for a better community by providing a host of services that range from promoting and encouraging healthy lifestyle behaviors to diagnosing, investigating and preventing health and environmental problems and hazards in the community.

Who we are and what we strive to do

We talked to the majority of our program areas and more than half our staff to learn more about the purpose behind the work we do, what our staff are most proud of, and what we wish more people knew about the UGPHD and its different program areas. Here are some of the key themes we found:

The Health Department is here for our community –

ALL of our community. We recognize that WyCo is made up of diverse communities with different needs from their local health department. We are here to serve all of Wyandotte County (KCK, Bonner Springs, Edwardsville), and we strive to make the Health Department a welcoming and safe place for everyone. The UGPHD offers many services that are available for anyone, from anywhere, with any income. It is our job to put the "Public" in Public Health Department – while we of course help the individuals who walk through our door, we are focused on more than the individual. We are focused on population health and creating a healthy community.

Our Mission:

To prevent disease, promote wellness, and to protect and improve the environment in Wyandotte County.

Our community's health goes way beyond health care. Many people may know us for services like vaccinations, lab testing, or family planning; but they may not know that the work of the UGPHD goes beyond clinical services. We want to help people today AND create a healthier future for WyCo. Good health and quality of life are about having a healthy environment, having policies that promote health, and changing practices (at the UGPHD, the UG, and other organizations) to achieve the highest level of health possible for everyone in WyCo.

We offer a wide array of services and initiatives. Our affordable services won't strain your wallet. UGPHD hours and location, and the transportation options to get here, give clients the flexibility they need. We offer care/service that goes above and beyond simply providing a clinical service to a client; this care also includes education and connecting people to additional resources. Our staff makes sure clients have access to the help they need, whether that is making referrals or working with whatever health insurance they have (or don't have).

We are proud to be a source of health information and expertise for our community. Local residents and organizations can look to us as a source of health information. Not only do we act as a source of education and information, but we use data and information about community needs to drive our work. We are here because we care, and we have employees with a broad array of public health expertise who are dedicated to helping our community.

The Health Department strives to build partnerships with other organizations. We partner with a variety of organizations and groups, like other UG Departments, nonprofits, and neighborhood organizations. We work to both bring partners together and build on the great work partners are already doing.

We want to keep improving to better serve our community. We have heard from people both inside and outside of our organization that many people are not aware of all the programs, services, and initiatives of the UGPHD. We want to continually work to connect more with our community members and do a better job of communicating with the people we are here to serve. Additionally, we recognize that we need to continue to work internally to improve understanding, communication, and collaboration across our different program areas so we can do our work more effectively.

HIGH LEVEL POLICIES & PROCEDURES

Communications Coordinator

The Communications Coordinator is part of the Planning & Operations Division and acts as the UGPHD's public information officer (PIO). Government PIOs are responsible for creating and enabling communication between a government organization and both news media outlets and the general public. Our Communications Coordinator is focused on supporting communications efforts of the UGPHD. This is distinct from the Unified Government PIO in the UG Public Relations Department, who is responsible for communications with media and the public about the UG as a whole.

Position Mission

Serve the UGPHD by developing and implementing positive communications strategies to represent the Department while supporting the fulfillment of the organization's mission and goals.

Essential Job Functions

- Act as Public Information Officer (PIO) for the UGPHD in accordance with accreditation requirements.
- Lead the UGPHD in implementing a formal Communications and Branding Strategy.
- Maintain an internal communications plan, train staff on the plan, and ensure implementation of the plan.
- Create internal communications policies and procedures and train internal staff in the appropriate use of the communications policies and procedures.
- Collaborate and consult with each Division within the UGPHD to meet their communication needs in accordance with the communications strategy, communications policies, and accreditation requirements.
- Work with the UG Public Relations Department to distribute information more broadly (e.g. in local news media) and to maintain media relationships.
- Assist in the creation of appropriate and effective public health messaging.
- Ensure health equity is a constant consideration in the planning and implementation of communications in and outside the UGPHD.

UGPHD Staff Responsibilities

While it is the responsibility of the Communications Coordinator to lead communications efforts for the UGPHD, it is also the responsibility of all UGPHD employees to implement this Communications and Branding Guide and to take ownership for building the brand and reputation of the UGPHD. All employees will be trained by the Communications Coordinator on the Communications and Branding Guide upon its publication, and all new employees moving forward will be trained on the Guide within one month of their start date.

Staff Roles and Responsibilities	
Director	<ul style="list-style-type: none"> • Be available to talk to media in times of emergency. • Approve any press releases being published by the UGPHD. • Assist Communications Coordinator in managing relationships with UG Administration.
Deputy Director	<ul style="list-style-type: none"> • Act in place of the Director in their absence. • Provide guidance/leadership to Communications Coordinator in the absence of the Planning and Operations Manager.
Planning and Operations Manager	<ul style="list-style-type: none"> • Provide leadership for the Communications Coordinator. • Ensure Communications Coordinator fulfills responsibilities of Public Information Officer. • Assist Communications Coordinator in managing relationships with the Board of Health/County Commission.
Emergency Preparedness Supervisor	<ul style="list-style-type: none"> • Orient Communications Coordinator to Public Information Officer duties in times of an emergency. • Work with Communications Coordinator to implement and keep emergency communications plans up-to-date. • Work with Communications Coordinator in an emergency to ensure all communications needs are fulfilled (including communicating with media).
Communications Coordinator	<ul style="list-style-type: none"> • Manage all areas of communications and branding, including interacting and managing relationships with the media. • Fulfill all obligations of the UGPHD Public Information Officer. • Train and assist staff in implementing effective communications.
Communicable Disease Control Manager/ Epidemiologist	<ul style="list-style-type: none"> • Work with Communications Coordinator to provide communications to the public and elected officials specific to communicable disease. • Work with the Communications Coordinator to provide information to the media (written, verbal, etc.) in times of a communicable disease outbreak or concern.

<p>All other Managers and Supervisors</p>	<ul style="list-style-type: none"> • Set the example in their division/program area by championing the use of the communications and branding guidelines. • Ensure that their staff adheres to communications and branding guidelines and procedures. Offer support to staff as needed. • Participate in an annual review of the Communications & Branding Guide.
<p>All other Staff</p>	<ul style="list-style-type: none"> • Complete training on the use of the Communications & Branding Guide. • Identify opportunities to incorporate branding and communications in ways that support their work and program area. • Adhere to the Approval Process for all communications.

Approval Process for Communications

All communications going out to the public and all formal communications with partners, organizations and elected officials must be approved by the Communications Coordinator as outlined by this plan. Examples of communications that must be approved are as follows:

- Flyers
- Social Media posts
- Press releases
- Event invitations
- Presentations
- Formal Quarterly Reports (i.e. to be shared with the public or partner organizations)
- Standard templates (e.g. for letters that will regularly be sent to clients or customers)
- Health education campaigns
- Any communications with the media

Examples of communications that do not need to be approved are as follows:

- Informal meeting invitations
- Agendas (if in the Agenda Template)
- Routine, day-to-day emails and phone calls
- Grant reports that are only going to the funder or grant partners
- Once template is approved, routine letters and other notices to specific audiences required by law or by a funder (e.g. related to enforcing facility regulations)

If you are unsure if your materials need to be approved, please contact the Communications Coordinator for clarification.

What the approval process looks like

The process and timeline will vary depending on how involved the project is, how much assistance you need in developing your materials, and what communications outlets you will be using.

The common thread no matter what the communication: if you're making something that is going out to the public, the Communications Coordinator should have eyes on it before it is distributed. For many projects, it will be as simple as a few tweaks or a quick "stamp of approval." For some more complex projects, you may want more assistance from the Communications Coordinator along the way. For higher profile communications, such as those

going to the news media, the Communications Coordinator will also need to get approvals from UGPHD leadership and UG Public Relations, which will take a little more time.

To ensure that our materials reach the appropriate audience and help achieve our public health goals UGPHD staff will utilize the [Message Development Form \(Appendix F\)](#) to lead the process of material development. For guidance on developing and implementing larger-scale campaigns and activities, please visit [Appendix G](#). This policy will guide you on how to use CDCynergy to develop health promotion materials and activities using “social marketing” principles.

Here are a few examples of what the approval process will look like.

Example A: You drafted some materials, and you just need someone to sign off

Timeline: Usually within 3 business days, and in some cases can happen same-day

1. **Get your materials together:** If they aren’t done already, finish creating the materials (e.g. making your own flyer in Canva, or putting your presentation content into one of our PowerPoint templates)
2. **Take a few minutes to fill out info on your project:** Fill out the Messaging Strategy Form (see Appendix F) to give a quick description of your project (audience, media types, outcomes). If you already have a plan for how the materials will be used, this should only take a few minutes.
3. **Send in your materials for approval:** Email both the Messaging Strategy Form and the file for your materials to the Communications Coordinator. If the project is time sensitive, be sure to mention that in the body of the email.
4. **Receive approval, or receive revisions needed for approval:** The Communications Coordinator will email you back in a timely fashion with either:
 - a. Approval to move forward with using your materials
 - i. Note: They may also suggest other optional opportunities to distribute your materials or offer assistance to create coordinating materials for other types of media (e.g. a social media post to go with your flyer)
 - b. Some edits to make sure your materials align with our Communications & Branding guidelines and will help you achieve the goals listed on your Messaging Strategy Form. These are likely to be small edits, like adjusting the font color or using a higher resolution image. Once these edits are complete, the Communications Coordinator will sign off on the materials.
5. **You are ready to use your communications materials!**

Example B: You have external materials you’re supposed to distribute (e.g. from the Kansas Department of Health and Environment)

Timeline: Usually within 2 business days, and in some cases can happen same-day

1. **Take a few minutes to fill out info on your project:** Fill out the Messaging Strategy Form (see Appendix F) to give a quick description of your project (audience, media types, outcomes). On the form, be sure to make a note of where the materials are coming from and the reason for using externally created materials (e.g. required by a grant). If you already have a plan for how the materials will be used, the form should only take a few minutes.
2. **Send in your materials for approval, including info on where the materials come from:** Email both the Messaging Strategy Form and the file for your materials to the Communications Coordinator. If the project is time sensitive, be sure to mention that in the body of the email.
3. **In the large majority of cases, receive approval:** The Communications Coordinator will email you back in a timely fashion with approval to move forward with using your materials
 - a. Note: They may also suggest other optional opportunities to distribute your materials or offer assistance to create coordinating materials for other types of media (e.g. a social media post to go with your flyer)
 - b. **In rare cases,** the Communications Coordinator may not approve the use of this material. For example, this could happen if an external organization has *suggested* that you use the materials, but it is not required, *and* there is a glaring issue with the materials (e.g. inappropriate for your target audience).
 - i. If this happens, the Communications Coordinator can assist you in creating or finding alternative materials to use.
4. **You are ready to use your communications materials!**

Example C: You want to update some old materials or create some new materials, but you aren't sure where to start or the best way to put the content and design together

Timeline: Since this will involve more assistance and designing new content, plan on at least 2 weeks

1. **Email the Communications Coordinator for help:** Request a meeting to help develop your materials. Give them a quick overview of what you are hoping to do, and what you need help with (e.g. you want to create a new flyer for your program area, but aren't sure how to make it or what you want it to look like)
 - a. You can either attach the Messaging Strategy Form (see Appendix F) to this email, or you can wait and the Communications Coordinator will go through it with you in-person.
2. **Meet with the Communications Coordinator:** Have a short meeting with the Communications Coordinator to go over your ideas and what challenges you're running into. The Communications Coordinator will help answer questions, brainstorm ideas, and determine next steps.
3. **Go through the next steps determined at your meeting:** Building on the flyer example, the Communications Coordinator may draft a flyer in Canva based on your

input, and send it to you for review, then approve the final version after incorporating your revisions.

4. You are ready to use your communications materials!

Note: If the Communications Coordinator is out of the office and cannot be reached within the timeframe needed, follow the following steps:

1. Contact the Planning & Operations Manager for assistance.
2. If neither the Communications Coordinator nor Planning & Operations Manager are available, contact the Planning & Operations VISTA for guidance on who can assist you with your needs. If this were to happen in the time of an emergency, contact the Director or Deputy Director for guidance.

Additional info on different types of documents

- A. No **document/materials intended for the public** may be used without the review and approval of the Communications Coordinator. This includes but is not limited to: promotional items (flyers, leaflets, etc.), academic journal articles, proclamations/tributes, educational materials (brochures, presentations, handouts, fact sheets, etc.), forms, advertising (television, radio, newspaper, magazine, cinema, forms, billboards, web banners, direct mail campaigns, bus boards, posters, etc.) web pages, reports, newsletters, and anything using the UGPHD logo.
 - a. Grant report requirements do not need to be approved by the Communications Coordinator. Reports for the public, such as a quarterly Community Health Improvement Plan (CHIP) Report, quarterly epidemiology report, or results of research, must be approved by the Communications Coordinator.
- B. **Previously published content** may be grandfathered in and may not require a second review with the exception of any of aforementioned advertising campaign or materials. All advertising materials must be re-reviewed every two years prior to re-use, regardless of previous approval due to how rapidly advertising strategy and content evolves.
- C. For documents being developed in more than one language, the Communications Coordinator shall be provided with the English-language version for review. The program is responsible for appropriately translating the document to other languages using UGPHD-approved translation services. You can find translation guidelines in the [Document and Message Development](#) section under, "Producing Materials in Multiple Languages."

- D. Every media contract (e.g. contracts with graphic designers, advertising, etc) should include specific language that ensures the UGPHD is the owner of any/all products produced. UGPHD reserves the right to review media contracts, or Scope-of-Work on a case-by-case basis. For any media contracts, it is best practice to utilize a business that is located within Wyandotte County. If the UGPHD will be spending more than \$1,999 on a contract, refer to the UG Purchasing forms and procedures for securing bids.

- E. Each program is responsible for archiving its own documents. The Communications Coordinator will keep a log of all documents that have been approved and distributed to the public. This documentation will include an electronic copy of the materials (this could be advertisements, newspaper inserts, web postings, email, brochure, services directory, program flyers, copy of a presentation, etc.), how the information was distributed, dates of distribution (or range of dates), and the purpose of the information.

Privacy Considerations

For more information please reference the HIPAA folder on the Y drive or SharePoint (within "Employee Resources" folder).

Background

The Federal Health Insurance Portability and Accountability Act (HIPAA) of 1996 was designed to improve portability and continuity of health care insurance; combat waste, fraud, and abuse in health insurance and health care delivery; promote the use of medical savings accounts; improve the access to long-term care services and coverage; simplify the administration of health insurance by lowering administrative costs; improve efficiency for patients and providers; increase customer satisfaction; and improve security and privacy of information.

The UGPHD has established HIPAA guidelines for protecting patient or client information. Contact the UGPHD HIPAA Coordinator for further information.

Policy

- A. The UGPHD does not release identifying personal health information of patients to persons or agencies outside of UGPHD. Consult your supervisor before releasing individual- identifying health information.
- B. For press releases and related communications, the UGPHD should work to release as much information as possible while safeguarding privacy. Information should only be withheld when there is a clearly justified reason to keep it confidential.
- C. In compliance with these guidelines, the UGPHD would consider publicizing an illness, outbreak, or death when:
 - a. The public can use the information to protect themselves from harm.
 - b. A major epidemic or novel illness is emerging, or a natural disaster or other major event affecting public health has occurred or is anticipated.
 - c. The incident involves a person or event in the news.
 - d. The incident has attracted public attention, and facts are needed to allay fears and communicate risks.
 - e. The incident involves important lessons for the public.
- D. Specific guidance:
 - a. Specific location information such as a school name, neighborhood, hospital, or workplace may only be announced if there is a compelling need as approved by the Director's Office (i.e. a meningitis outbreak at a University).

- b. Type of underlying condition will not be shared, unless there is a compelling need as approved by the Director's Office and the UGPHD Epidemiologist or Emergency Preparedness Supervisor with expertise on the issue at hand.
 - c. Recent travel to a specific location may only be released if relevant to the illness or death.
 - d. Date of death or illness onset, gender, and/or age may only be released provided this information, in combination with other information, could not be used to inadvertently identify an individual.
 - e. Length/duration of illness may be released.
 - f. Current health condition in general terms (i.e. hospitalized, recovering, etc.) may be released.
 - g. The following information shall NOT be released: patient, client, family members or health care provider name; race; sexual orientation; and physical description.
- E. The Planning and Operations Division may request non-identifying information from the appropriate UGPHD staff in furtherance of this policy. UGPHD staff will be required to provide any requested information.
- F. The guidelines provided by this policy are broad, and due to the varying nature of incidents warranting release of information, the Planning and Operations Division shall make recommendations to the Director's Office regarding the public release of specific information as needed.
- G. Final decisions on information to be released will be made by the Director's Office.

**DEVELOPING
EFFECTIVE &
CONSISTENT
UGPHD
MESSAGING**

Input to Help Direct our Communications & Branding

Through both surveys and in-person interviews, we have collected input from our staff and community partners to help us better do our work as a Health Department, including our communications and branding. This input was used to develop some of the content in this Communications & Branding Guide, such as the ["Who is the UGPHD"](#) section. It is important to also keep this input in mind going forward as we develop future communications materials and strategies.

We collected input a few different ways:

- Collaborating Partner Survey: 2018 Organizational Capacity to Address Health Inequities Assessment (43 responses)
- Staff Survey: 2018 Organizational Capacity to Address Health Inequities Assessment (46 responses)
- Qualitative interviews with external partners, 2019 (3 interviews)
- Qualitative group discussions with different UGPHD program area staff, 2019 (8 groups, more than 50% of the UGPHD staff)

How are we doing on our communications?

The Health Equity survey asked both staff and partners if the UGPHD, **"creates and distributes oral and written materials that are appropriate for cultural, linguistic, and literacy needs of the community."** Response options were "yes," "moving in that direction," "no," or "don't know."

UGPHD Staff	Community Partners
63% said yes or moving in that direction (37% yes, 26% moving in that direction)	54% said yes or moving in that direction (19% yes, 35% moving in that direction)

The good news: The majority of both groups thought that the UGPHD was at least moving in the direction of creating materials that meet our community's cultural, linguistic, and literacy needs. While these numbers could be higher, they reflect that we are at least taking steps in the right direction.

A discrepancy to examine: Our staff seem to think we are doing a bit better on this than our partners do. This may mean that some materials we think are meeting the needs of our community aren't meeting the mark. It could also mean that there is a general perception that we are not meeting the mark, regardless of what materials we are producing.

Challenges, ways we can improve, and opportunities

We need to increase knowledge about the UGPHD *within* the UGPHD

- **What we heard:** In most of the UGPHD staff discussions, groups expressed either that they did not know what many other parts of the UGPHD do, or that others in the UGPHD did not know enough about what they did (or both).
- **What this means for our work:** We need to continue sending monthly reports to staff, as well as exploring additional ways to encourage cross-division communication and collaboration.

Non-conventional forms of communication are important to tap into, including word-of-mouth

- **What we heard:** External partners noted the need to find ways to reach populations without access to conventional communication channels and to go into "nontraditional" mediums of communication. Some staff members also noted that word-of-mouth is one of the biggest ways information is shared in WyCo.
- **What this means for our work:** This underscores the importance of building a positive reputation with clients and partners we interact with (who may tell other people about their experiences and help spread the word). Every staff member, any time they interact with someone outside of our staff, is representing the UGPHD. This means being more conscious about good customer service, aligning with the UGPHD mission and brand, and being consistent in our engagement with clients, partners, and the public.

We can't stay under the radar anymore

- **What we heard:** We heard a couple comments (from staff and during partner interviews) about the UGPHD historically operating under the mindset that we should just fly under the radar, and we will stay out of trouble – that needs to change.
- **What this means for our work:** We need to acknowledge that increasing our visibility can be scary – it can mean more scrutiny on what we do. But increasing that external accountability can help us build trust with the public. Additionally, if we fly under the radar, it will be hard to connect more people with our services and get the support from partners that we need, which ultimately hurts our work.

It is crucial that we communicate the commitment of UGPHD leadership to community partners and residents

- **What we heard:** Community partners expressed that they didn't see the same knowledge, engagement, or commitment to health equity and to our partners' work as they see from other levels of staff at the UGPHD.
- **What this means for our work:** We of course need to continue working to foster an environment where all levels of leadership and staff support our mission. However, the issue expressed by our partners may also be an issue of perception. Partners and the public tend to see frontline and programmatic staff much more often than higher level staff. They may perceive that there is less commitment from the people they don't see or hear from as much (i.e. our leadership). We need to explore more ways to get messages from our leadership to community partners and the public, as well as messages about the UGPHD as an organization committing to improving our community's health and health equity.

We must strive for clear, consistent, and transparent communications about what we are doing and why

- **What we heard:** Partners noted inconsistency in our communications; uncertainty about who is doing what and why, and what else needs to be done; and the need for open and transparent communications. As noted above, many staff mentioned the lack of knowledge of other program areas. Additionally, in the Health Equity survey, more than half of the staff who responded said that when a decision is made that affects their job, they only sometimes, rarely, or never know why the decision was made.
- **What this means for our work:** As we communicate both internally and externally, we need to make sure we are providing regular updates. It is important to be as clear as possible when we explain what we are working on (explaining as though our audience has no prior knowledge of the project). It's also crucial to go beyond the *what* and also explain the *why*, so that partners understand how our work ties into our larger goals, and employees understand the purpose of their roles and our organization.

What is a “Brand,” Anyway?

Our brand¹ is not just a logo. Or a brochure. Or a tagline. It’s a combination of our organization’s reputation and its visibility.

Our reputation: How people perceive us and what they say about us. What helps our reputation? Positive interactions with clients and community partners. Being who we say we are. Delivering on our promises.

- **Remember:** Each time we interact with someone outside of our own staff, we are acting as ambassadors for the UGPHD. The interactions we have with partners, clients, community members, other UG staff, and policy makers impact the overall reputation of the organization and our work.
- Key qualities of our communications (and our work in general) to help build and maintain our reputation:
 - **Accuracy:** Making sure the public health information we distribute is accurate and up-to-date
 - **Timeliness:** For an urgent public health matter, this means responding quickly to make sure people get the necessary information and resources. For non-urgent communications, this means taking timing into account (e.g. it doesn’t make sense to share information about frostbite prevention in July).
 - **Relevancy:** Make sure your communications are relevant to and appropriate for your audience (i.e. for their particular needs, interests, and circumstances)
 - **Trustworthiness:** Basically, following through on what we say we are going to do. And if we aren’t able to follow through for whatever reason, informing people, apologizing for the error, and letting them know how we will prevent something similar from occurring in the future.

Our visibility: Not just being seen in a literal sense (though that helps), but being *known*. Do people know about us? About what we do? About how to find out more about us, access our services, or connect to our initiatives?

- Building our reputation plays a role in building our visibility along with word of mouth.
- We can also build our visibility by being more **clear, frequent, and consistent** in our communications with partners and community members.

¹ Branding definition and introduction adapted from Hinge Research Institute’s *Brand Building Guide for Professional Services Firms*, 2012.

Document and Message Development

Practices Related to Cultural Competency

Wyandotte County is comprised of diverse communities. It is important that when constructing and selecting educational messages/materials that the UGPHD takes into consideration the target audience to assure suitability.

For more information about cultural competency, see materials provided on SharePoint: Employee Resources group → Training Materials folder → Cultural Competency folder.

Reading Level

We aim to keep materials at a sixth-grade reading level or lower for materials being distributed to the public. A common way to calculate reading grade level is to use the Flesch-Kincaid Grade Level Test. To be at a sixth-grade reading level, you want this score to be right around 6.

- Go to this link to learn how to check readability in a Microsoft Office Product: <https://support.office.com/en-us/article/test-your-document-s-readability-85b4969e-e80a-4777-8dd3-f7fc3c8b3fd2>
- Go to this link to copy and paste your text to figure out your readability level: https://www.online-utility.org/english/readability_test_and_improve.jsp

Accessibility

As an agency serving the public, it is important that we make our materials accessible for all audiences in our community. All too often, conventional materials are not made with accessibility in mind and it may be difficult for people with disabilities, such as people with low vision, to use. You can use the tools below to check Microsoft products and PDF documents for accessibility. Additional guidance on accessible and respectful communications have been built into other sections of this guide, including [Guidance on Colors](#), [Typography Guide](#), [Formatting Guide](#), [UGPHD Signage](#), and [Appendix J: People First Language](#).

- Go to this link to learn how to use accessibility checking in Microsoft Office products here: <https://support.office.com/en-us/article/use-the-accessibility-checker-to-find-accessibility-issues-a16f6de0-2f39-4a2b-8bd8-5ad801426c7f>

- Go to this link to learn how to use accessibility checking in PDF files:
<https://helpx.adobe.com/acrobat/using/create-verify-pdf-accessibility.html>

If you are developing materials with particular accessibility needs (e.g. your target audience is people with a specific disability), or you have questions, please contact the Communication Coordinator for assistance.

Producing Materials in Multiple Languages

A wide range of languages are spoken in our community, so we will often need to produce materials in multiple languages. We recognize that most of our materials are available in English, and one of our most frequent language needs for documents is translating from English into other languages.

For the translation of all documents, please utilize Propio Language Services unless another translation service is determined more appropriate for the project. The steps for language translation and its inclusion into communications materials are as follows:

- Work with the Communications Coordinator (if necessary) and/or create the content for the materials you wish to make.
- When working with Propio (most projects)
 - Email Propio (translate@propio-ls.com) to obtain a quote for how much the translation work will cost. If you are working with the Communications Coordinator they can help you navigate this step.
 - Once the quote is obtained, receive approval from your supervisor for the amount of the translation.
 - Once you receive approval from your supervisor, let Propio know that they can move ahead with the work. You will be required to give them an access code that your supervisor will give you.
- If you think a service or method other than Propio is most appropriate
 - Consult with the Communications Coordinator before moving forward to determine the best course of action for getting materials in multiple languages for your project. Examples of when this may come up:
 - There is another translation vendor that you want to use because it would be less expensive or because that vendor is linked to the project in some way (such as a vendor that a partner organization works with, and you are co-branding on the project).
 - You have a staff member fluent in a language (other than English) that you need for your materials who is directly connected to the project, and who is willing and has time to write materials for the project in that language.

Staying On-Message

What to do:

- **Keep health and healthy behaviors at the core of all our messages** (seems obvious, but it can be easy to stray from this sometimes).
- Be positive, encouraging, and compassionate.
- Be understanding and inclusive; approach messaging with cultural humility (going a step beyond “cultural competency”).
- Use “person first” language (see guide from The Whole Person, included in [Appendix J](#), for examples of what this looks like).
- Keep context in mind – no health issue happens in a vacuum.
- Focus on what people can do and what our community has the power to change.

What NOT to do:

- DON'T promote things that people often conflate with health, but that aren't really about health (e.g. achieving a certain physical appearance).
- DON'T use shame
 - Don't demonize people (e.g. shaming someone for being addicted to tobacco).
 - Don't moralize things or behaviors as “bad” or “good” (e.g. referring to “bad” foods, or saying someone is “being so good” for exercising regularly).
 - Don't delegitimize someone's experiences (e.g. saying that what someone is going through is not real, or not a big deal).
- DON'T use scare tactics. There is a difference between giving truthful information on a serious health subject and intentionally trying to induce fear.
- DON'T talk about problems without also talking about possible solutions or steps to take;
 - When talking about solutions or actions, focus on what people can actually change (e.g. you can't change your genetics, but you can change your behaviors).
- DON'T alienate or disrespect people.

Public Health Messaging Gone Wrong

Try as we might, sometimes public health organizations and professionals get these messages wrong. While the intent is good, if these communications are poorly executed, they can end up unintentionally sending the wrong message. Here are a couple examples of how public health messaging can go wrong.

Example 1: Tweet gone wrong

Intent of initiative: promote physical activity and opportunities to bike/hike/walk.

Actual message in this Tweet: not about health or access to physical activity opportunities at all.

Appearance-focused rather than health focused

Do you need chiseled abs to be healthy? Nope! This is promoting an aesthetic, not health. Getting “abs” is unrealistic for many people due to things out of their control, like genetics. Striving for abs may even be harmful for some audiences (people with certain health conditions, people who are trying to become pregnant, etc.)



Doesn't say to eat healthy...says to STOP eating

Walking away from the kitchen implies that to get those abs, you need to stop eating so much. Doesn't promote healthy eating behaviors (e.g. eating more fruits and vegetables). Possible eating disorder trigger.

Low contrast font decreases readability

Using yellow (or other pale colors) on a white background decreases general readability as well as accessibility for people with low vision. See our UGPHD Colors section for more guidance on color contrast when developing materials.

Example 2: Poster and other “PSA”-type materials gone wrong

Intent of initiative: prevent teen pregnancy.

Actual message in this poster: scaring, shaming, and belittling people, and not giving them tools to help.

Shames people who are already pregnant or may be pregnant

While using shame in general is problematic, this especially does not make sense to post in a place like a health department. Many of our clients are coming here for a pregnancy test or already know they are pregnant and are coming here for services. This does nothing to help those clients and may make them feel judged and unwelcome.



Uses scare tactics rather than connecting people to help

Fear and shame, while they evoke strong emotions, most often don't spur healthy behaviors. A message like this also doesn't tell someone what they can do, or how they can get resources to help (e.g. accessing birth control options, getting information on healthy relationships and consent, general sexual health resources).

Evaluation and Monitoring

The UGPHD Planning & Operations Division will establish performance measures to assess communication activities. These measures will be reviewed annually and updated as needed to reflect the current activities and priorities. Measures to evaluate the effectiveness of a specific campaign will be developed and implemented on an as-need basis.

Examples of measures that may be used:

- Reach: How many people see a particular piece of media
- Impressions: How many times that media is seen (e.g. same people may see it more than once)
- Number of _____ produced per year (e.g. number of reports or newsletters)
- Number of people participating in a program or intervention before and after a communications campaign
- Percent change in participation in a program or intervention after a communications campaign

STYLE GUIDE FOR UGPHD MATERIALS

Logo Usage Guide

Versions of the logo

The UGPHD logo combines the Unified Government logo with the Public Health logo from the National Association for City and County Health Officials (NACCHO). Use the full color version of the logo for most documents. A black logo and a white logo are available and may be more appropriate for certain materials (see examples below).



UGPHD logo_Color.png

Example: The full color logo is best for most materials with a white or pale background.



UGPHD logo_Black.png

Example: the black logo works well for documents you will be printing in black and white.



UGPHD logo_White.png

Example: the white logo is best on a dark background
Note: the blue rectangle is used for illustration only (it is not part of the logo)

General Logo Usage Guidelines

What to do:

- Pull the latest versions of the logo files
 - From the shared (Y) drive:
 - Health Department (Y:) → Logos UG – Health →
 - UGPHD logo_Black.png, or
 - UGPHD logo_Color.png, or
 - UGPHD logo_White.png
 - From SharePoint:
 - Employee Resources → Standard Templates → Logos →
 - UGPHD logo_Black.png, or
 - UGPHD logo_Color.png, or
 - UGPHD logo_White.png
- Include the logo on all documents and promotions that will be seen by residents, clients, partner organizations, policy makers, or other staff.
- If you need the logo in a different file type (such as .jpeg or .eps) please contact the Planning & Operations Division for assistance.

What not to do:

Do not alter the logo in any way. Examples of what not to do:

- While you may resize the logo, do not distort or stretch/squash the logo, and do not rotate the logo.



- Do not use the Public Health portion of the logo alone, and do not separate or change the spacing of the UG and Public Health portions of the logo.



- Do not change the colors of the logo from the three available color options (see "Versions of the Logo" above).



- Do not add, remove, or alter the text of the logos



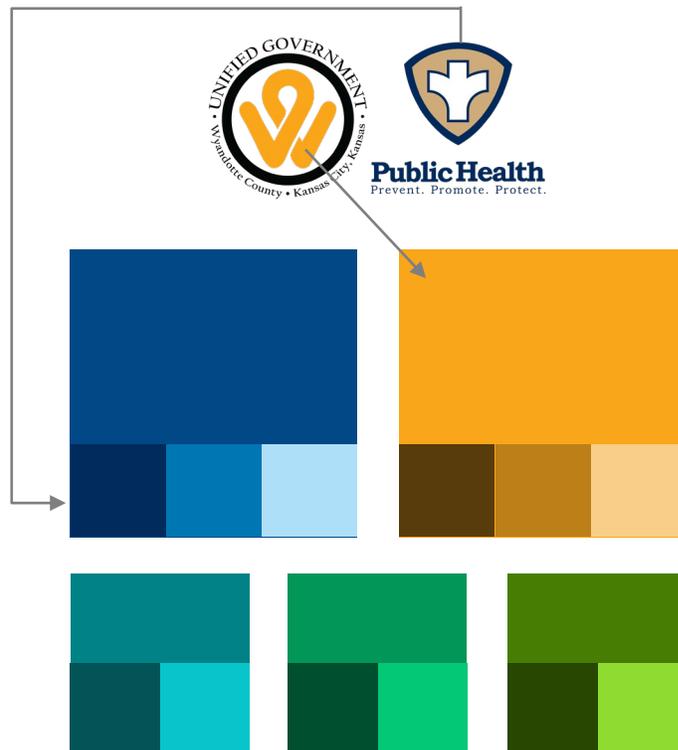
- Do not add a box, shadow, or other effect around the logo or images behind or on top of the logo



UGPHD Colors

The color scheme below is meant to represent our work at the UGPHD. The darkest navy color matches the navy in the Public Health logo, honoring our dedication to public health. The gold matches the UG logo, linking us to the broader organization. Blue and yellow combined make green, so the teal and green colors connect the navy and gold. Green tones are also often associated with health, further aligning with our messaging.

The blue and gold are our main colors, with three other hues as accent colors. There are darker shades and lighter tints of each to provide variety and contrast while still remaining in the same color family. Some of the colors are brighter, while others are more subdued, to allow variations on the color palette to align with the type of communications being developed. For example, a more subdued palette might be used for something serious or formal, like a presentation to the Commission, while the brighter colors may be well suited to lighthearted or less formal communications, like a flyer for a fun family event or a social media post.



The UGPHD color scheme may be combined with black, white, or gray. On the following pages, you will find the RGB, Hex, and CMYK values for each color so that you can match the colors accordingly in your documents and designs. For questions or assistance on using the brand colors, contact the Communications Coordinator.

A

R: 0	C: 100
G: 72	M: 46
B: 134	Y: 0
	K: 47

Hex: #004886

B

R: 0	C: 100
G: 43	M: 53
B: 92	Y: 0
	K: 64

Hex: #002b5c

C

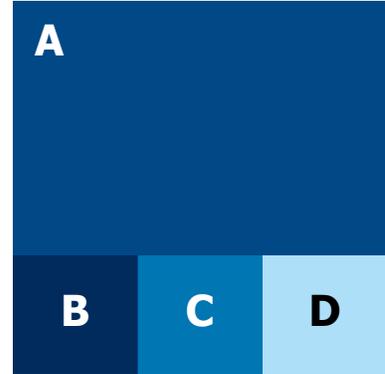
R: 0	C: 100
G: 118	M: 34
B: 179	Y: 0
	K: 30

Hex: #0076b3

D

R: 173	C: 30
G: 223	M: 10
B: 248	Y: 0
	K: 3

Hex: #addff8



E

R: 249	C: 0
G: 166	M: 33
B: 26	Y: 90
	K: 2

Hex: #f9a61a

F

R: 89	C: 0
G: 60	M: 33
B: 11	Y: 88
	K: 65

Hex: #593c0b

G

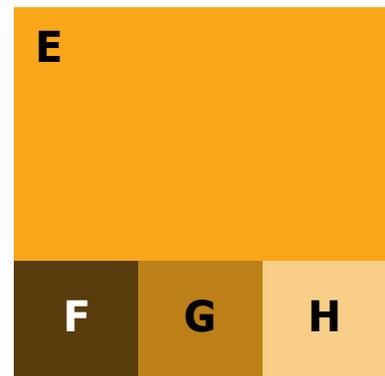
R: 189	C: 0
G: 127	M: 33
B: 23	Y: 88
	K: 26

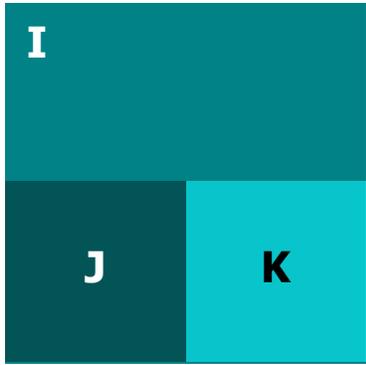
Hex: #bd7f17

H

R: 248	C: 0
G: 206	M: 17
B: 136	Y: 45
	K: 3

Hex: #f8ce88

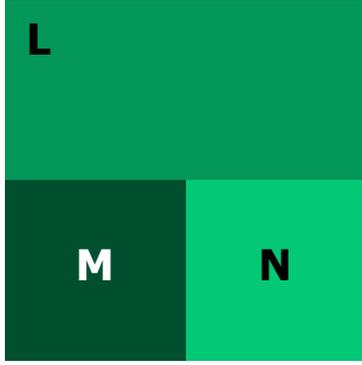




I

R: 0	C: 100
G: 130	M: 3
B: 134	Y: 0
	K: 47

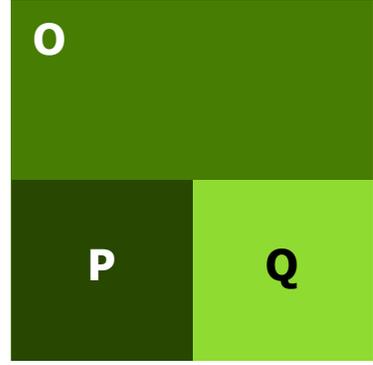
Hex: #008286



L

R: 2	C: 99
G: 150	M: 0
B: 89	Y: 41
	K: 41

Hex: #029659



O

R: 71	C: 43
G: 125	M: 0
B: 3	Y: 98
	K: 51

Hex: #477d03

J

R: 3	C: 97
G: 84	M: 3
B: 87	Y: 0
	K: 66

Hex: #035457

M

R: 0	C: 100
G: 80	M: 0
B: 47	Y: 41
	K: 69

Hex: #00502f

P

R: 40	C: 44
G: 71	M: 0
B: 1	Y: 99
	K: 72

Hex: #284701

K

R: 7	C: 97
G: 197	M: 3
B: 203	Y: 0
	K: 20

Hex: #07c5cb

N

R: 3	C: 99
G: 200	M: 0
B: 118	Y: 41
	K: 22

Hex: #03c876

Q

R: 143	C: 35
G: 219	M: 0
B: 49	Y: 78
	K: 14

Hex: #8fdb31

Guidance on Colors

Contrast

For text or any element (shape, icon, illustration) that is meant to convey information, there should be adequate contrast between the text/element and the background so that it is discernible for people with low vision. If it is a purely decorative element, it does not have to meet the same contrast standards. To check the level of color contrast for content that will be viewed on screens, you can use a web color contrast checker, such as:

<https://webaim.org/resources/contrastchecker/>

Additional guidance

- You do not have to use every color in the color scheme for each design. It is encouraged that you at minimum include one of the navy/blue colors in most of your designs.
- Occasionally, it may be appropriate to use a small amount of a color outside of this UGPHD color palette, such as red to indicate something of high urgency. Please contact the Communications Coordinator for guidance and approval on using colors outside of the UGPHD color scheme.
- For instructions or assistance on using the appropriate colors in your documents (e.g. how to use the correct RGB or CMYK colors in Microsoft applications), contact the Communications Coordinator.

Typography Guide

Primary Fonts and Text Formatting

Consistency in the visual style of our communications, including font, is important for maintaining our brand. Use the following fonts in Microsoft applications (Word, PowerPoint, etc.) and whenever available in other software you may be using. The preferred heading font was selected for its similarities to existing UGPHD communications, such as the Community Health Improvement Plan document. The normal text font was selected for its clean, simple style, as well as its accessibility both in print and on screen (e.g. capital i, "I," lower case L, "l," and numeric one, "1," all look different in this font).

Headings

Preferred: Century Gothic (bold)

Acceptable: Tahoma (bold)

- Larger than 18 point font. Always bold. Centered. Never italicized or underlined.
- All caps is acceptable, but not required, for headings.
- See [UGPHD Colors](#) and [Guidance on Colors](#) for color options on headings. Select darker and mid-tone colors on lighter backgrounds, and lighter tones on darker backgrounds.

Subheadings: Century Gothic (bold) or Tahoma (bold)

- Between 14 and 18 point font. Always bold. Italicized acceptable, but not necessary. Do not underline. Centered or left aligned acceptable, as long as alignment is consistent within the same document.
- All caps is acceptable, but not required, for headings.
- See [UGPHD Colors](#) and [Guidance on Colors](#) for color options for subheadings. When using a light background, select darker colors from the UGPHD color palette, or use black.

Normal text: Tahoma

- At least 11 point font. Use bold, italics, and underline sparingly.
- Do not use all caps as it can be more difficult to read.
- At least 1.15 line spacing, and at least .5 inch margins (1 inch margins are best for most documents).

- On a white/pale background, use black for normal text. If using a dark background (e.g. on a flyer), use white for normal text.

Alternate Fonts for Canva

Some staff may choose to use [canva.com](https://www.canva.com), an online graphic design software, to create flyers, brochures, social media graphics, and other promotional materials. The font selection in Canva is different from Microsoft. When using Canva, please use these alternate fonts:

Headings and subheadings: League Spartan (preferred), Aileron Heavy (acceptable), or Aileron Regular (bold, acceptable)

Normal text: Aileron Regular



Exceptions to font guidelines

- **For emails:** It is always acceptable to use the default "Calibri" font rather than changing it to Tahoma.
- **For other communications:** Occasionally it may be appropriate to use a different font, such as a decorative font for a title on an event announcement, or a font to match with a partner organization's style guide when co-branding materials. Please consult with the Communications Coordinator prior to using any fonts not listed in this guide. When in doubt, stick to the fonts listed in this guide.

Formatting Guide

How to format documents

These text formatting guidelines are meant to keep our materials looking consistent, readable, and polished. Additionally, these guidelines help make our materials more accessible, including for people with low vision.

Text formatting

- Refer to [Typography Guide](#), [UGPHD Colors](#), and [Guidance on Colors](#) for font size and color guidance.
- Line spacing will be at least 1.15 and no more than 2.0.
- Main headings should be centered.
- Subheadings may be centered or left aligned, as long as they are consistent within the same document.
- Normal text should be left-aligned with ragged right edges (i.e. not "justified").

Color and formatting of non-text elements

- Color can be useful for communication. However, it is best to not rely on color alone to convey information. For example, on a pie chart, use additional elements, like patterns/textures, to convey information. This way, if the image is printed in grayscale, or if a person with color blindness views the image, it still conveys the information.

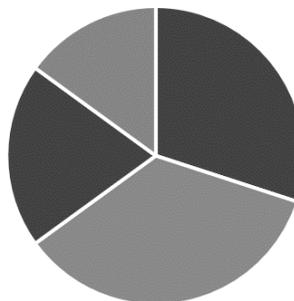
Example 1



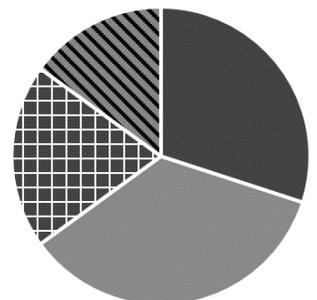
Example 2



Example 1



Example 2



Program Area Logos & Branding

Some program areas have logos from a state or national program (e.g. WIC). Others may have a local program logo (e.g. Healthy Families Wyandotte). We want to find a balance in which we can help different program areas communicate in the way that is best for them, while maintaining the branding of the UGPHD as a whole.

Program area materials being developed by the UGPHD

- Logos:
 - **If you have an existing program area logo:** In addition to using a program area logo, include something to indicate the program's association with the UGPHD. For example, include a statement that says, "An Initiative of the Unified Government Public Health Department." You may also use both the program logo and the UGPHD logo.
 - **Note:** If you need higher quality logo files, or are looking to update your logo, contact the Communications Coordinator.
 - Example of using the Healthy Communities Wyandotte logo while showing its connection to the UGPHD:



Supported by the Unified Government
Public Health Department

- **If you do not have a program-specific logo:** Use the UGPHD logo alone. If you feel it is appropriate to develop a logo for your program area, contact the Communications Coordinator for guidance.
- Colors:
 - If your program logo or brand has its own color scheme different from the UGPHD color scheme, contact the Communications Coordinator to find out how to stay consistent with your program brand while aligning with the UGPHD brand.
- Fonts:
 - If there are specific fonts associated with your program area materials, contact the Communications Coordinator for assistance to ensure consistency and readability of your content.
 - If you do not have specific fonts for your program (or the only specific font is in your logo), use the UGPHD fonts.
- Templates and other materials:

- In some cases, it may be appropriate to develop templates specific to your program area (e.g. a PowerPoint template that is different from the UGPHD templates). The Communications Coordinator can assist you in determining what materials you need and developing these materials.

Materials developed outside of the UGPHD (e.g. from KDHE): Some program areas receive materials from outside of the UGPHD that they must use. If given the option to customize these materials for local use, include UGPHD contact information, and include the UGPHD logo if possible. Contact the Communications Coordinator if you have questions.

Note about funder branding and attribution: For any programs or initiatives that receive funding from outside of the UG (KDHE, CDC, foundations, etc.), please refer to guidance from the funder on branding. You may be required to include a statement such as, "Supported by _____ Foundation," asked to include a logo, or asked to get communications materials approved by their PR staff. **When sending requests or materials to the Communications Coordinator, please include branding guidance from the funder as is available.** If you have questions about this, reach out to the Communications Coordinator.

Working with Other Organizations on Communications & Branding

Often the UGPHD will partner with other community organizations on initiatives, programs, events, or important public health messaging. We may also have communications created by other organizations that we want to share or that we are required to share.

Co-Branding with other organizations

If you are putting together promotional materials:

- Request logo files from your partner organizations and ask for any logo usage guidelines they have.
- Ask your partner organizations for any branding guidelines from funders, if applicable. See “**Note about funder branding and attribution**” on page 40 for more information.
- Ask for any other communications guidelines that need to be followed.
 - If they have standards for color schemes, fonts, or formatting that differ from the UGPHD brand: work with the Communications Coordinator to align our brand standards and the standards of the partner organization.
- In addition to going through the regular UGPHD communications approval processes, show the materials to your partners before publishing them.

If a partner is putting together promotional materials

- Contact the Communications Coordinator about the project before sending files/content to the partner organization.
- Either you or the Communications Coordinator will provide your partner with:
 - Information on the UGPHD Logo Usage, Color, and Typography standards.
 - A PNG file for the full color logo (UGPHD logo_Color.png), and let the partner know that the logo is available in black, in white, and in other file types upon request.
 - Additional guidance:
 - Let the partner know that our logo may only be used as specified for this project unless otherwise approved by the UGPHD.
 - Request that they send the final draft of the content to both their main UGPHD staff contact and the Communications Coordinator for approval prior to publishing.

Coordinating messages with partners

There may be times when you aren't co-branding but you would like to ensure that the UGPHD and other organizations (e.g. other neighboring health departments) are putting out the same information and that your communications do not contradict one another.

- Start by developing the messaging you want to use. Loop in the Communications Coordinator early on about the message you are trying to get out and which organizations you want to coordinate with. The Communications Coordinator may recommend other organizations to add to that list.
- Email partner organizations, or have the Communications Coordinator reach out on your behalf. Include a description of the messaging you'd like to distribute, the communications challenges you foresee with multiple organizations sharing related information, and your proposed plan and timeline for distributing your communications.
- Based on the response from the other organizations and input from the Communications Coordinator, develop next steps to move forward with your communications.

Distributing communications from partners

Often other organizations will share materials they have developed (brochures, social media posts, flyers, event invites, etc.) that they would like us to use. In some circumstances we are choosing to offer support and endorsement of what a partner is working on. In other cases, we are required to use these materials (e.g. required by a grant).

Materials that are required

- Make sure you inform the Communications Coordinator of the material requirements and how you will use the materials (see [Approval Process for Communications, Example B](#))

Optional requests from partners

- If you believe the organization making the request and the materials they shared are in **alignment with the mission of the UGPHD**, please share them! We want to support the great work of other organizations in the area.
 - You may pass along the materials to a smaller audience with whom you routinely communicate without getting prior approval (e.g. forwarding an email to a coalition team you work with)
 - If you want to share the message more broadly (sending to a larger listserv, posting on social media, placing in a newsletter, etc.), contact the Communications Coordinator to let them know and to get their assistance in distributing the information.
 - If you are unsure whether the materials are appropriate for the UGPHD to share, reach out the Communications Coordinator for assistance.

COMMUNICATING WITH DIFFERENT AUDIENCES

Communicating with Different Audiences

It is important to define your target audience(s) when developing communications, and to highlight different facets of our UGPHD brand depending on the audience. While it is true that as a health department, we have a mandate to serve our entire community, that doesn't mean that everything we do and every piece of communication has to be for everyone. If you try to make a message that appeals to everyone, you often will create something that actually appeals to no one because it is too generic.

Ask yourself...

- Who am I trying to reach? Who do I want to change a behavior or respond to a call to action? Who will benefit most from this?
- What makes that audience unique? What are their interests and concerns?
- How do I make this message something that can reach my audience? Does this need to be translated into a different language? Placed in different locations where my audience is most likely to see it? Made accessible to audiences with certain types of disabilities?
 - Note: for most audiences, it is best to make materials at a 6th grade reading level or below, and to keep health literacy in mind (avoiding jargon, using plain language) (See [Reading Level](#) on how to check readability)
- How do I make this message appealing to my audience? What do they like, what do they want to see? What other types of media are popular with this audience?

Below, you will find examples of some target audiences you may need to communicate with, and guidance on messaging for those audiences. **This is not an exhaustive list of UGPHD's audiences.**

Please note: The audience information below is primarily based on what to do when we are proactively trying to get messages out to those audiences. However, sometimes people may reach out to us for information. **If you receive a request for public health information from a partner organization, a resident, or other entity or individual outside of the UGPHD:**

- Within 2 business days, pass the request on to the Communications Coordinator, and let the person who requested the info know that we are looking into their request.
- The Communications Coordinator will work with the Division or Program Area most pertinent to the request (e.g. Epidemiology) to determine the most appropriate response to the request. Every effort will be made to respond to the request within one week.

Internal communications (to Health Department staff)

- Public health professionals are likely to have more knowledge of public health than other audiences; messaging may be directly applicable to their work.
- Simple, plain language is good, but it is okay to include more technical content given the public health background of the audience.
- Key types of content for this audience:
 - Learning more about what other program areas in the Health Department are working on, and any opportunities for partnerships.
 - Anything that will impact their work.
- Key brand components:
 - Our mission is to prevent disease, promote wellness, and to protect and improve the environment in Wyandotte County. This should be central to all work we do.
 - We offer a wide array of services and components: educating and updating coworkers on the work we're doing in our divisions to ensure all employees have a consistent, up-to-date understanding of the work of the UGPHD.

UG leadership and elected officials

- For more information on engaging in local policy, including requesting that an item be added to the UG policy agenda, see the "HD Staff Process for State Policy" process document on SharePoint and in the Y Drive.
- Reach out to the Communications Coordinator before implementing a communications strategy directed at UG leadership or elected officials.
- Use a professional, more formal tone in most cases, especially when reaching out to a group of elected officials (e.g. presenting to the Commission). Can be a little less formal if the relationship is previously established and you are having a one-to-one conversation.
- Key types of content for this audience:
 - Highlighting the intersection of public health with other areas of focus, (e.g. economic development), including "health in all policies."
 - Funding, approvals, and other support to further the work of the UGPHD.
- Key brand components:
 - The UGPHD is here for ALL Wyandotte residents: assuring Commissioners/Board of Health members and UG leadership that the UGPHD is committed to our entire county, not only certain prioritized areas or populations.
 - Our community's health goes way beyond health care: emphasizing the social determinants of health and the fact that the policies, systems, and environments in Wyandotte (often affected by policy made at the Commission or administrative levels) have important impacts for the health of our residents.
- See the UG HR Policies for more information on employee speech before the Commission.

Kansas Legislators, Elected Officials, and Leadership of Other State Agencies

Prior to providing information or clarifications on UGPHD programs to elected officials, the Governor's Office and/or a gubernatorial transition team, cabinet secretaries, or division directors, notify the Communications Coordinator. They should also be briefed if the issue has or may receive news coverage. All such communications should be approved by the Communications Coordinator prior to providing any information. This includes, but is not limited to, information on legislation, regulations, policies, help with responses to media inquiries, programs, etc.

Staff Participation in State or Federal Policy

- A. As both a public health practitioner and Unified Government (UG) employee, you have the right and responsibility to educate our lawmakers about policy issues. However, your ability to advocate versus lobby depends on each individual policy issue and individual employee's funding sources.
- B. As UG employees, we can lobby at the state and federal level on behalf of policy issues that have been approved by the Board of Commissioners on their Legislative Program which is updated yearly. Find current and past copies of the Unified Government's Legislative programs here: <https://www.wycokck.org/PR/Government-Relations.aspx>.
- C. However, many UGPHD employees are grant funded. Therefore, your ability to lobby or advocate is determined based on your funder's regulations which will be stipulated in your grant contract or RFP. In general, state and federal dollars cannot be used to lobby state and federal officials. Using grant funding to lobby when your grant does not allow lobbying will jeopardize grant funding.
- D. However, even if you can't lobby on an initiative due to either grant funding or UG restrictions, you still have the responsibility as a public health professional to educate lawmakers on public health issues in our community and evidence-based solutions. Always make sure you know if you are educating or lobbying.
- E. You can find more detailed information on this and how to request policy additions to the UG legislative agenda in the "HD Staff Process for State Policy" document in the Y drive and SharePoint. Any questions can be directed to Mike Taylor.

Clients and potential clients

- Use a friendly, approachable tone. A bit more informal is fine, as long as it does not cross the line into being unprofessional.
- Always use plain language. Break down complex concepts to the simplest and most concise way you can explain them. You can use some statistics, but don't overwhelm your audience with them (that can be both boring and confusing if you aren't used to interpreting statistics); consider using visuals to help communicate those numbers.
- Key types of content for this audience:
 - The services available and the experience they will have when they walk through our doors
 - How we are continuing to improve the UGPHD and the ways we serve our community
- Key brand components:
 - The UGPHD is here for ALL Wyandotte residents: educating residents on the fact that we are here to serve them, regardless of their zip code, income level, or any other demographic factor.
 - We offer a wide array of services and initiatives: educating residents about the breadth of services available, especially focusing on keeping up-to-date information about service changes available to the public.
 - We are proud to be a source of health information and expertise: conveying that we are a source of knowledge and information as well as services.

Other community members

- Similar to clients/potential clients; communicating things that are important to people in WyCo but don't have to do with accessing UGPHD services.
 - Keep in mind you will often have smaller segments of this audience that you focus on for some communications (e.g. specific to a certain geographic area or demographic group).
- Always use plain language. Break down complex concepts to the simplest and most concise way you can explain them. You can use some statistics, but don't overwhelm your audience with them (that can be both boring and confusing if you aren't used to interpreting statistics); consider using visuals to help communicate those numbers.
- Use a friendly, approachable tone. A bit more informal is fine, as long as it does not cross the line into being unprofessional.
 - More formal may be called for in the case of communicating about something very serious, like a public health emergency or like responding after something bad has happened. Even then, don't be too detached – good to still incorporate some emotion alongside the facts.
- Key types of content for this audience:
 - General health information, and how this impacts them/their neighborhoods

- Urgent health information, including public health emergencies (see [Communicating During Public Health Emergencies](#) for more information)
- Ways to get involved
- What we are doing and why, and how we strive to keep doing better
- Key brand components:
 - We are proud to be a source of health information and expertise for our community: providing up-to-date information on health issues and education for all residents.
 - We strive to build partnerships with other organizations: inviting community members to participate in building public health with us, especially through participation in community meetings and providing input to impact UGPHD programming.

Partner organizations

- Use a tone somewhere in between what you would use for the public and what you would use for UG leadership/officials – a bit more formal and professional tone than with the public, but less formal than with leadership/officials.
- Depending on expertise of the partners, it may be okay to include some more technical content. If you aren't sure, lean toward using plain language and giving clear explanations of context in case they do not have that background knowledge.
- Key types of content for this audience:
 - How we are currently partnering with other organizations
 - New ways in which we are looking to partner
 - Public health data
 - What we are doing and why, and how we are improving
- Key brand components:
 - Our community's health goes way beyond health care: supporting an increased understanding among our community partners about social determinants of health and the importance of policy, systems, and environment change in impacting health in Wyandotte.
 - We strive to build partnerships with other organizations: ensuring a diverse, broad range of voices and stakeholders are at the table; keeping our word by following through on our work and building trust with partners.
 - We want to keep improving to better serve our community: We have heard from our partners about the need for improvements to our communications and other practices in the UGPHD. It is important to highlight our efforts to make progress on those fronts to further build credibility with those partners.

Funders and potential funders

- Note: For some communications with funders, such as writing a grant application, or regular grant reporting, you do not need approval from the Communications Coordinator (though the Coordinator can provide some assistance with grant language when appropriate). For others, such as a big presentation to a potential funder, please contact the Communications Coordinator in advance.
- The level of formality may vary based on funder; when in doubt, lean a little more formal.
- It is okay to be more technical (e.g. when talking about health statistics). However, don't assume the funder already knows all about the issue you are discussing. Present the information as though your audience is new to the topic.
- Key types of content for this audience:
 - Community need and what we are doing to address that need
 - Success stories
 - Future directions of our work
 - Plans for sustaining the work we are doing now
- Key brand components:
 - Our community's health goes way beyond health care: emphasizing that we are an organization that understands the complex social determinants that impact health and that we are committed to improving health in Wyandotte through both direct service and policy, systems, and environmental change.
 - The UGPHD strives to build partnerships with other organizations: emphasizing that we have a diverse array of partners that work with us in every area of our work; specifically highlight long-term partnerships that have made meaningful improvements in our community.
 - We want to keep improving to better serve our community: emphasizing that we are doing good work, but are always striving to improve our performance in terms of direct client care as well as in up-stream areas like partnership building and policy/advocacy.

Reporters/News Media

- No UGPHD employee is permitted to talk to the media without the consent of the Communications Coordinator. Only pre-approved staff may interact directly with the media.
 - If a UGPHD employee is directly contacted by a member of the media, the Communications Coordinator should be informed immediately.
 - Staff is required to obtain the reporter's name and contact information, media outlet, deadline, interview topic/background, type of interview (phone, in-person, live, taped, etc.), and questions in advance of the interview.

- Programs/departments may designate a specific person to talk with the media with approval of the Communications Coordinator.
 - This person should work with the Communications Coordinator to respond to the inquiry.
 - The Communications Coordinator is responsible for prepping this person for the interview. [Appendix C](#) has a list of tips for when speaking to the media. The Communications Coordinator is also responsible for informing the Director/Deputy Director and adding the event to the media log.
 - The Communications Coordinator will be responsible for keeping a log for all contacts with the media. The media includes print media, radio, television, bloggers, web reporters, and diverse media outlets (urban radio stations, free community newspapers, migrant worker newspapers, immigrant, ethnically targeted, and non-English language newspapers or radio stations, etc.). Documentation can include a log of media contacts, a published editorial concerning a public health issue (written by department staff person), an appearance on a television show (of a department staff person), or radio interview (of a department staff person), minutes or other documentation of a meeting or phone call with editorial staff, and emails or other communications with bloggers.

- The Communications Coordinator is responsible for maintaining a list of media contacts and key stakeholders responsible for implementing communications protocol. The contact list will be consistently updated by the Communications Coordinator whenever new media contacts arise or contacts within existing media relationships change. The Communications Coordinator will also meet at least twice per year with the Unified Government's Public Information Officer to ensure our media contact list is in alignment with the UG's and has up-to-date information. The contact list is to be used in the following situations:
 - In times of an actual or suspected public health emergency, including but not limited to communicable disease outbreaks and environmental health hazards.
 - In times when a significant public health event has happened that impacts the health of the public.
 - In times when significant new public health data has been released and needs to be provided to the public.
 - When important public health-related events are scheduled in the community that require robust public awareness and/or participation.

- Key brand components:
 - This varies greatly depending on the issue/purpose of working through the media, but it is important to stress our expertise/knowledge as a health

department as well as building our reputation as a trusted organization with a longstanding track record in our county.

Consent for Photography/Videotaping

All UGPHD staff, clients, and contractors must complete a [Consent for Photography/Videography before](#) they can be photographed or interviewed for any sort of media outlet (television news, radio stations, newspapers, etc.). The form can be found in [Appendix D](#) as well as the HIPAA forms folder. Programs/departments are responsible for keeping these forms on file and secure.

See “Helpful Hints for Engaging the Media” and “Helpful Hints for Interviews” in [Appendix C](#).

Other Audiences

There are numerous other audiences outside of or within the categories above, such as: other Unified Government staff; businesses (for-profit sector); hospitals and healthcare providers; faith-based organizations; educational institutions, including local school districts; professional associations; regional, state, and national partners; and more, based on your program area and goals. Consult with the Communications Coordinator to ensure your messaging is targeted for your audience.

GUIDANCE ON SPECIFIC TYPES OF COMMUNICATIONS

Guidance on Specific Types of Communications

It is important not only to customize messaging based on your particular audience, but to keep the medium of communications in mind as well. The tone and style of communications will likely look different for a Facebook post than for a press release, for instance. Here are some examples of how we may use our brand differently for different types of communications.

Please note: while the tone of each of these types of media will vary, it must still align with the UGPHD brand, both in terms of visuals (colors, fonts, etc.) and content. See [“Who is the UGPHD,”](#) [“Input to Help Direct our Communications & Branding,”](#) and [“Staying On-Message”](#) sections for more information.

Keep in mind these key themes that we have heard from our staff about the UGPHD. Every type of communication we use is an opportunity to emphasize one or more of these themes:

- The Health Department is here for our community – ALL of our community.
- Our community’s health goes way beyond health care.
- We offer a wide array of services and initiatives.
- We are proud to be a source of health information and expertise for our community.
- The Health Department strives to build partnerships with other organizations.
- We want to keep improving to better serve our community.

News releases

- Generally use a more formal, but not “stuffy;” easy to read, plain language
- While you may attach some images to go with a press release, often it is all text, written like an article. Use clear headlines, and be concise – not everyone will read all of it, so get to the main points quickly.
- Use the approved news release letterhead found in [Appendix B](#) (found in SharePoint and the Y Drive); no bells and whistles are necessary—news outlets will do their own formatting.
- Any UGPHD employee may draft press releases. All press releases must be finalized by Communications Coordinator and approved by the UGPHD Director or Deputy Director and the UG Public Relations Department.
- Media advisories are much shorter documents that announce public meetings and special events. If the advisory announces a public meeting, it must be provided to the Communications Coordinator 30 days in advance, including an agenda. The Communications Coordinator is in charge of finalizing and approving media advisories

and will elevate it to appropriate staff as needed. A media advisory template can be found in [Appendix B](#).

Social Media

General notes on tone and style

- Use an informal tone.
- Emphasize pictures, graphics, or videos, with only small amounts of text.
- Often incorporate brighter colors from our color palette

Policies and procedures

All official UGPHD presence on social media sites and services are considered extensions of the UGPHD's communications and are therefore governed by this policy. All health UGPHD social media sites must be in compliance with applicable federal, state, and city laws, regulations, and policies. They must all adhere with established laws regarding copyrights, records retention, HIPAA (Health Insurance Portability and Accountability Act), Freedom of Information Act (FOIA), first amendment, privacy laws, Kansas Open Meetings Act, Kansas Open Records Act, communication standards, branding standards, and other policies established by the UGPHD. As part of the Unified Government, UGPHD social media must also adhere to the UG Social Media Policy.

- a. Creating a social media page: All UGPHD program areas are encouraged to contribute content to the UGPHD Facebook and Twitter pages. In a few cases, program areas may have enough content as well as staff and resource capacity to maintain their own social media pages or groups. Prior to creating a new social media page/group, the program must receive approval from the Communications Coordinator, which will help with the development of the site.
- b. Security: The Communications Coordinator will have administrative access to all social media sites maintained by programs of the UGPHD. This includes the username and password information to the site. The Communications Coordinator will also monitor content on the program site to ensure they adhere with this policy and are being used appropriately and following all branding guidelines. The UGPHD reserves the authority to remove any information, and repeated misuse of the social media site can result in the removal of the program from the social media site.
 - i. All security measures that are followed with your own personal health department login information must also be followed for social media sites.
 - ii. Make sure that the "remember me" box is not checked when logging into sites. Always remember to log off when finished using the social media site.

- iii. Ensure that information that could compromise the network is not posted or passed on to participants of the site. This includes confidential information or personally identifiable information (such as staff addresses or personal phone numbers).
- iv. If the site is hacked, discontinue use of the site immediately and notify the Planning and Operations manager and the IT Department. Indications that the site might have been tampered with include alteration or removal of site graphics or logos, changes to expected functionality, or unapproved content postings.

c. Content posted by UGPHD: Staff representing the UGPHD on social media outlets must conduct themselves as representatives of the department AT ALL TIMES and should act in accordance with all department policies. Employees should not disclose information about clients or other confidential department business on either UGPHD social media sites or personal social media sites.

- i. Social media content, including comments, containing any of the following, will not be posted:
 - 1. Comments not topically related to the particular site or blog article being commented on
 - 2. Profane language or content
 - 3. Content that promotes, fosters, or perpetuates discrimination on the basis of race, ethnicity, creed, color, age, religion, gender, sex, marital status, status with regard to public assistance, national origin, citizenship status, physical or mental disability, or sexual orientation.
 - 4. Sexual content or links to sexual content.
 - 5. Solicitations of commerce.
 - 6. Conduct or encouragement of illegal activity.
 - 7. Information that may tend to compromise the safety or security of the public or public systems.
 - 8. Content that violates legal ownership interest of any party.
- ii. The UGPHD reserves the right to remove any content posted by an employee on a UGPHD social media site that is deemed in violation of this policy or any applicable law. Any administrators or editors on UGPHD official social media sites or program social media sites who are in continual violation of the posting/commenting policy may be permanently removed from the sites. The UGPHD reserves the right to temporarily or permanently suspend access to official health department social media sites and program social media sites at any time.

d. Contact by the media: UGPHD staff contacted by members of the media through either official UGPHD/ program social media sites or personal social media sites about the UGPHD should direct the query to the Communications Coordinator.

- e. Contact by the public: In general, it is appropriate to respond when members of the public ask for more information via comments or direct messages. Most comments and messages will be monitored by the Communications Coordinator. The Communications Coordinator may reach out to other staff for assistance in answering questions. When assisting in answering comments and messages, strive to provide responses in a timely manner, and always ensure that any response from the UGPHD is respectful and informative. If you are unsure about how to respond to a member of the public who has contacted you or your program through its social media site, direct your query to the Communications Coordinator for guidance.
- a. Clients of the UGPHD may utilize social media to answer health related questions or to attempt to schedule an appointment. In accordance with HIPAA Rules and Regulations, no employee shall post any protected health information on social media. This includes any private messages using social media as the messages are not secure. If you need to share any protected health information, you need to use another form of communication such as email or phone.
 - b. Sometimes people may leave offensive or inflammatory comments on UGPHD social media. In almost all cases, posts will be left up, as they are legally protected as free speech. In rare cases posts may violate Facebook policy or violate the law (e.g. a direct threat) and will be taken down by the Communications Coordinator. No other staff may remove or hide comments. The UGPHD may consult with the UG Legal Department if needed.
- f. Suggestions for posts on official health department social media: If you have an event or information that you would like to be featured on an official UGPHD social media page, please submit this request to the Communications Coordinator. When submitting a social media post request, please include the following items: target audience; purpose; date/time; the desired action of the audience; any pictures, flyers, or web links that should be included; any UG departments/ partners involved; and any other necessary and relevant information.

Website

General notes on tone and style

- Use a bit more formal tone than social media, while still being approachable. Always use plain language.
- Place more emphasis on text, with some images to break up the text. Bullet points are preferable over long paragraphs.
- You can use brighter colors from color palette in headers, icons, etc., though the tone will be more subdued than social media, largely due to the UG website system.

Procedures

- If you want to make additions, deletions, or changes to content on the website, contact the Communications Coordinator for assistance.
- Employees are encouraged to help provide content for the UPGHD webpage and keep it up to date.
- In a few cases, program areas with a lot of content, plus adequate resources and staff time, may wish to develop their own external websites. You must consult with the Communications Coordinator prior to developing a separate website. For most program areas, it is best to build on the content on the official UGPHD website.

Flyers, brochures, and other print materials

- The tone will depend on what you are promoting, e.g. for a fun event, use an informal tone, similar to social media; for a serious or sensitive issue, use a more subdued tone.
- Use as little text as possible to get the information across. Bullet points are preferable over long paragraphs. Leave blank space around chunks of text to break it up. Use images and graphics to capture attention and communicate concepts.
- Similar to how overall tone can vary depending on what the materials are for, you can select from brighter or more subdued colors from our color palette (or a combination).
- There are a few different processes for designing flyers, brochures, and other print materials:
 - Staff may create designs themselves (e.g. in Canva) and get approval from the Communications Coordinator before publishing.
 - Staff may request help from the Communications Coordinator in creating the design (timeline for completion depended on Communications Coordinator's schedule; please allow adequate time).
 - If budget allows, staff may work with a professional graphic designer to get the materials designed. Contact the Communications Coordinator prior to contracting with a graphic designer. Please allow adequate time for providing multiple rounds of feedback to the graphic designer and getting final approval from the Communications Coordinator.

Presentations

- There are multiple UGPHD PowerPoint templates on SharePoint or in the Y Drive in the Standard Templates folder in Employee Resources that employees may use for any of their presentations.
- If you think it is appropriate to create a separate PowerPoint design for your program area or for a particular presentation, contact the Communications Coordinator for assistance and approval.
 - If appropriate, the Communications Coordinator can help you develop a custom presentation template.

- You may create your own presentation design in PowerPoint or Canva, but you **must get it approved by the Communications Coordinator**. If you create your own, ensure that you use UGPHD colors and fonts, and include the UGPHD logo on each slide.
- If your program area requires you to use a particular PowerPoint template (e.g. from a regional, State, or Federal program), send the template and any program requirements or guidance to the Communications Coordinator. If there is any room to customize these slides, the Communications Coordinator will help you adjust them based on UGPHD brand guidelines.
- General guidance on developing your presentation content
 - Adjust the tone to your audience and subject matter (e.g. a presentation to the Board of Health will be more formal; a presentation to a group of teens at a local high school will be more informal).
 - Use minimal text in brief bullet points and large enough font size that it is easy for everyone to read; use icons and images to illustrate your points.

Grant applications

- Note: You do **not** need approval from the Communications Coordinator on grant applications. This section is merely to provide guidance on developing grant application content.
- While tone may vary depending on the funder, generally a grant application will be more formal.
- Often all text, with no opportunities to include images. If you can include images, use things that help illustrate need (e.g. a graph or a map) or give the funder a feel for our community and the work we do (e.g. pictures from an event we hosted, showing us in action).
- Often a combination of narrative sections in paragraph form (e.g. describing community need) and some sections with bullet points (e.g. performance measures or action steps). Adjust based on the guidelines in the grant Request for Proposals. Don't add "fluff" to fill space and be sure to keep character or word limits in mind.
- The Communications Coordinator and Planning & Operations Division will assist in providing you with boilerplate language about UGPHD history, services, clients, and service area if needed.

Email

- Note: You do **not** need approval from the Communications Coordinator on day-to-day emails. This section is meant to provide guidance on work emails.
- It is important to remember that all emails sent and received by a health department employee could be subject to a Kansas Open Records Act (KORA) request, meaning that everything put into an email has the potential to be reviewed by others in or outside of the organization.

- Tone of an email may change depending on who you are corresponding with, but some important rules of thumb for email include:
 - Always use a greeting when beginning an email conversation.
 - Always address the recipient by the appropriate title. This may include “Dr.”, “Commissioner”, or “Mr.”/“Ms.” depending on the situation. Err on the side of using a more formal title in cases in which you do not know the recipient very well.
 - Never use slang language such as “u” as short for “you”, even when communicating to close partners and colleagues.
 - Speak respectfully of colleagues and partners at all times.
 - Include a closing greeting (e.g. “Thank you”, “Best”, “Hope to hear from you soon”, etc.) and follow it with your name and complete email signature.

- As outlined in the Outlook Policy (which can be found in the Employee Resources folder on SharePoint or the Y drive), all staff are required to utilize and maintain an appropriate email signature that includes employee name, job title, name of the organization, address of organization, phone number, fax number (if applicable), organization website link, Unified Government and Public Health Department logo, and HIPPA confidentiality statement if working with client information.
 - Employees are permitted to include additional program area logos underneath email signature (e.g. WIC, or Healthy Families Wyandotte).
 - Employees are also permitted to include additional links to program area websites (e.g. Healthy Communities Wyandotte).
 - Employees may include their preferred pronouns (e.g. she/her/hers) in their signature.
 - HIPPA confidentiality statement:

Important: This email and any attachments may contain confidential information subject to protection under the HIPAA Privacy Rule. If it appears that this email was sent to you in error, (1) you are prohibited from utilizing or disseminating this email or any attachments; (2) please immediately delete it from your computer and any servers or other locations where it might be stored and email (sender’s email address) or call (sender’s name) at sender’s phone number) advising that you have done so. We appreciate your cooperation.

- Employees are **not** permitted to change the font, size, or background color and texture of their email signature.
 - It is not recommended employees add quotes underneath their signature.

Event Planning

- All events to be hosted by the UGPHD must receive approval from the Communications Coordinator.

- All potential events should be brought to the attention of UGPHD managers and supervisors at the weekly managers meeting.

UGPHD Signage

Signage is an essential tool for helping people access the UGPHD and all of our services. Good signage can help to both communicate our brand and to effectively and efficiently direct people to where they need to go.

In 2018 Planning & Operations staff did a signage inventory of the Health Department, taking photographs of all the internal and external signs in, on, and around the building. Contact the Planning & Operations Division for more information about this and any future signage inventories.

Processes and tools for getting new signs

- Any signage changes, both inside and outside of the UGPHD building, need to be approved by the Planning & Operations Manager, UGPHD Director and by UG Buildings & Logistics.
 - Once approved by the Planning & Operations Manager and UGPHD Director, send pictures of current signage and specifications on what you need for new signage to Gwendolyn Thomas, gwenthomas@wycokck.org.
- Verbiage on all signs should at minimum be in both English and Spanish. Whenever possible icons or images should be used to convey information in a non-verbal manner.
- Be sure to assess signage needs whenever a division moves offices or a room has otherwise been repurposed.
- Refer to ADA signage guidelines:
 - There is a section on signs under Communications: <https://www.access-board.gov/guidelines-and-standards/buildings-and-sites/about-the-ada-standards/ada-standards/single-file-version#a7>
 - There are some useful videos here: <https://www.access-board.gov/guidelines-and-standards/buildings-and-sites/about-the-ada-standards/guide-to-the-ada-standards>
- Work with the Planning & Operations Division to ensure that both UGPHD Branding and Emergency Preparedness principles are taken into account (e.g. ensuring that signage effectively directs people to exits in a case of a fire or other emergency).

Planning for signage improvements

Recommendations: Incorporate signage into the UGPHD Strategic Plan, improving signs in phases over the next few years. Revisit signage at minimum every 3-5 years (do signage audit and make a plan for any changes). Consider aligning 3-5 year review cycle with the UG CMIP (Capital Maintenance and Improvement Plan) funding cycle.

1. Most urgent: ADA compliance and improved accessibility

- a. Make sure all doors have appropriate signage (both visual and tactile)
 - i. E.g. All entrances to Operations Center and Auditorium need signs next to doors (not just above them) with tactile lettering and braille
- b. If any space does not have same accessibility at each entrance, ensure that the accessible entrances are marked accordingly, and wayfinding signage is placed near non-accessible entrances to direct users to the accessible entrance
 - i. Marking auditorium entrances accordingly
 - ii. Directing people to which restrooms are accessible



We need to add signage to the back Auditorium doors indicating that they are not accessible, but that the side entrances are.



We need to add tactile signage to the side Auditorium doors, aligned with ADA.



We need to add tactile signage to each of the Operations Center doors, aligned with ADA.



We need to add signage at non-accessible restroom directing people to accessible restrooms.



We need to adjust signage on accessible restrooms to align with ADA signage guidelines.

2. **Important change for branding alignment: Changing external sign** leading to parking lot to say Public Health Department instead of Health Center. Check other internal and external signage for alignment with UGPHD name, logo, and other brand standards.



3. **Creating a welcoming environment for all of our clients and visitors:** Consider additional signage to show that the UGPHD is a welcoming and safe place for a diverse array of people walking through our doors. This could include:
 - a. Signs near restrooms expressing that we support gender diversity and encourage people to use whichever restroom they are most comfortable with. Note: before making changes that impact restroom access (whether through signage or other changes to the physical space), consult UG Buildings & Logistics. Any changes or additions to UGPHD restroom signage would be dependent upon UG policy, restroom locations and layouts, and further internal assessment prior to implementation.

One example from Community Health Council:



- b. Signs on doors to different program areas, tailored to their clients / target audiences, to signal that this is a place where they are welcome and can get the respectful care that they need (e.g. an image of a rainbow flag to indicate a supportive environment for LGBTQ+ clients). For inspiration, ask our partners at Metropolitan Organization to Counter Sexual Assault (MOCSA) how they have used signage like this to create a safe space for their clients.

Examples of signage at MOCSA:



Communicating During a Public Health Emergency

In the event of an emergency, it is imperative that the UGPHD be prepared to communicate in a myriad of ways to all members of our community. The Public Information Officer (Communications Coordinator) leads the UGPHD in its communications during an emergency, in coordination with the Emergency Preparedness Supervisor. The following are some of the communications methods prepared available to be used in the case of an emergency:

- Telephone Communication
- Radio Communication
- Internet Access
- Kansas Health Alert Network (KS-HAN)
- KSWebIZ
- WebEOC
- EM-Resource
- EpiTrax

For more information on communications in times of a public health emergency, see the "Public Information and Communications Standard Operating Guide" (PIC SOG) and the "Tactical Communications Guide" (TAC COMM) used by the Emergency Preparedness team.

Recommendations and Future Directions

Setting up staff – and the Health Department as a whole – for success

The implementation of these policies, procedures, and other changes will require training, assistance, and ongoing internal conversations to ensure that everyone understands our branding strategy and can effectively act as ambassadors of the Health Department. All levels of leadership are expected to be champions of our brand and our communications efforts for their staff and program areas.

- **Recommendation:** Annual training/review for all staff (e.g. during an all staff meeting). Additionally, at least once a year have Communications Coordinator meet with each division separately to review, answer questions, and discuss how the branding strategy applies to their program areas.

Aligning with our Strategic Plan

Branding and communications are an important part of acting strategically as a Health Department. We need to implement steps specifically related to building our brand, but we can also use our branding and communications to further our other goals.

- **Recommendation:** Include at least one branding or communications related strategy in each iteration of the UGPHD's Strategic Plan.
 - An important starting point is improving signage in accordance with the ADA
- **Recommendation:** Review our Branding and Communications Guides annually, at the same time as we review the Strategic Plan. Revise Branding/Communications guidelines to complement the Strategic Plan.
 - During the first year of implementation, include a six-month review based on lessons learned from initial implementation of this Guide.

Future directions to consider for branding

- Periodically survey staff, partners, clients, and/or community members on our branding and communications. This could be incorporated into other surveys, like health equity, customer satisfaction, etc.
- Develop specific action steps and performance measures related to implementing UGPHD communications and branding.

APPENDICES

Appendix A: Definitions

- Accessibility: The design of products, devices, services, or environments for people with disabilities.
- Advocacy: Publicly supporting something- a cause or policy issue. Doing advocacy can mean everything from educating decision makers and the public about health issues in the community to requesting specific solutions to the problem.
- Communication: Means of sending or receiving information; the successful conveying or sharing of ideas; imparting information or news; a letter or message containing information or news.
- Cultural Competence: The ability to relate to other people's values, feelings, and beliefs across different cultures, and effectively address such differences as part of all interactions. Related to the concept of "cultural humility," which acknowledges that one cannot become "competent" in another culture, but can continually reflect on their *own* cultural beliefs and biases and build respect and trust with others who differ from them.
- Health Communication: A multifaceted and multidisciplinary field of research, theory, and practice. It is concerned with reaching different populations and groups to exchange health-related information, ideas, and methods in order to influence, engage, empower, and support individuals, communities, health care professionals, patients, policymakers, organizations, special groups, and the public so that they will champion, introduce, adopt, or sustain a health or social behavior, practice, or policy that will ultimately improve individual, community, and public health outcomes.
- Health Promotion: The process of enabling people to increase control over, and to improve their health.
- Lobbying: Trying to influence a specific policy-making body on a specific policy decision. For it to be lobbying you need 1. Proposed legislation 2. Elected officials 3. A specific request to that elected official on how to vote. All three elements must be present for lobbying. Advocacy, in contrast, does not include a request to an elected official on how to vote.
- Media: The means of mass communication. Used within this Guide to reference media outlets (i.e. news outlets, reporters, publications specific to our geographic location).
- Press: The people (such as reporters and photographers) who work for newspapers, magazines, news stations, radio, etc.
- Personal Health Information: Also protected health information. Generally, refers to demographic information, medical histories, test and laboratory results, mental health conditions, insurance information, and other data that a healthcare professional collects to identify an individual and determine appropriate care.
- Privacy: An individual has the right to control access and disclosure of their protected or individually identifiable health information.
- Security: An organization has the responsibility to control the means by which such information remains confidential.

Title of Press Release

Paragraphs with information go here. These should be single spaced with a space between paragraphs, no indentation/tabbing to begin a paragraph.

There are five parts to writing a press release, and they are as follows:

1. Write the headline.
2. Write the body. This should be written as you want it to appear in the news story.
3. Communicate the who, what, when, where, and why.
4. Make it as ready for publishing as possible.
5. Include where the audience can go to get more information.

For additional guidance/examples of press releases, follow the below links.

1. <https://studenthealth.sa.ucsb.edu/docs/default-source/Health-News/2018-1-03-significant-increase-in-influenza-pr.pdf?sfvrsn=0>
2. <https://www.cdc.gov/ccindex/pdf/Press-Release-Degign-Guide.docx>
3. <https://www.cdc.gov/diabetes/projects/ndwp/doc/ebsamplenewsrelease.doc>
4. <https://www.wikihow.com/Write-a-Press-Release>

Press Release Template and Guidance

Resources, continued

(This is just an image of the template. The template is available in the Y drive and SharePoint.)



Public Health
Prevent. Promote. Protect.

Unified Government Public Health Department

619 Ann Avenue, Kansas City, KS 66101-3038

Phone (913) 573-8855

wycokck.org/health

News Media Contact:

Your name

Job title

Phone number

Email

MEDIA ADVISORY

Title of Media Advisory

WHAT: [Insert specifics about Event]

WHO: [List all who will be at event for photos, interviews]

WHEN: [Date][Time]

WHERE: [Community Site]

[Address]

[Phone]

Background: [Insert language about your organization as appropriate]

Appendix C: Tip Sheet – Engaging the Media

Provided by NACCHO (<https://www.naccho.org/programs/public-health-infrastructure/performance-improvement/community-health-assessment/mapp/marketing-and-communication>)

An open, public process is essential to broad participation and leads to a truly community-driven process. The media — newspapers, radio, television, newsletters, Internet — are especially useful tools for issuing broad invitations to participate in MAPP activities, keeping the community involved in the process, and sharing information gathered in the assessments.

Briefings or press releases can be effective tools for using the media. In addition, interviews with the various community leaders engaged in the MAPP process demonstrate community consensus and broad ownership in the initiative. Open advocacy by such leaders may encourage others community members to become involved in the MAPP process.

To the extent possible, contact with the media about the MAPP process should be coordinated through a lead organization. Messages should be short, to the point, and supported by visual information wherever practical. The use of scientific and statistical terminology is not helpful if community participation and input is a goal. Local health departments are encouraged to be especially sensitive to the community's need for clear, understandable messages.

Helpful Hints for Engaging the Media:

- If possible, solicit the assistance of a media-savvy individual, perhaps a public information officer or someone who works in public relations or the media.
- Use the media wisely — Newspapers offer an excellent medium for showing photos or publishing vital findings, while television may be used to show brief footage of MAPP activities, and radio may be best for communicating simple, brief announcements.
- Craft your message so that it resonates with community residents and target populations. Messages that include individuals' needs and priorities are the most powerful way to appeal to residents and will most likely be of interest to the media.
- A well-crafted press release is the simplest way to gain support through the media.
- Be considerate of media timelines — Become familiar with deadlines for the various media and let reporters know about potential stories in advance.
- Develop feature stories that address issues from a human-interest angle.
- Identify why the information is relevant to the community (e.g., What is the local impact? Why should our community be interested?).

- Determine why the information is "news" (e.g., Why should the media use this information NOW?).
- Send each release to all kinds of media, including electronic billboards.
- Don't call reporters if a press release will suffice.
- Build relationships with reporters. Ask what kind of information they are interested in and provide it to them.
- Issue releases on every new program or finding. Even a small mention is worth it and it will help to identify who is interested in what stories.
- Never give up. Getting the word out there is worth the frustration of pitching the story.
- Involve high-profile community leaders or local celebrities in disseminating the message.

Helpful Hints for Interviews:

- Anticipate the kinds of questions that are likely to be asked. Prepare responses and try to make points that support your position, even if no one asks.
- Make positive, important points and speak in the active voice. Be prepared to twist negative questions into something more positive.
- Respond in 20- to 30-second segments that can stand alone. Speak in short, complete, uncomplicated sentences.
- Use simple words and refrain from using public health jargon.
- Never speak "off the record." Once reporters know the information, they will seek out a source who will speak "on the record."
- Expect anything you say — even parts of what you say — to be used.
- Avoid "No Comment" responses. Say that you will get back to them or find someone else to answer the question.
- Avoid sarcasm. Comments taken out of context can be very damaging.
- Be polite to reporters and never lose your temper.

Appendix D: Consent for Photography/Videotaping

(This is just an image of the form. A fillable form is available in the Y drive and SharePoint.)



Unified Government Public Health Department
619 Ann Avenue, Kansas City, KS 66101-3038
Phone (913) 573-8855
wycokck.org/health

Consent for Photography/Videotaping

Participant's Name:	
Email:	
Phone:	
Wyandotte resident?	<input type="checkbox"/> Yes <input type="checkbox"/> No

I hereby give my consent to have photographs, videotaped images, or other images made of myself or my family member and/or consent to interviews with a member of the news media or a representative of Wyandotte County Public Health Department. I understand and agree that these images may be used by the news media or by Wyandotte County Health Department for internal and external marketing, which includes all social media venues. All photographs, videotapes, etc. are property of the Wyandotte County Health Department.

Signature of Participant or Legal Representative

Date

Signature of Witness

Date

Appendix E: Image Usage Guide

Images help us draw attention, convey information, and tell a story. We should strive to use images (especially photographs, but also icons or illustrations as appropriate) to make our communications more compelling.

Whenever we use images, we should ensure that:

- We have the rights/permission to use the image
 - Stock images
 - Be careful not to use copyrighted images
 - If you are using a free Canva account, all the images you have free access to should have the “unlimited license,” meaning we can use them as much as we want and in most ways we want (there are some limitations, most of which don’t apply to the UGPHD, but some of which could on occasion. Ask the Communications Coordinator if you aren’t sure).
 - If you have a paid Canva account, some of the free images available have limited licenses. Review Canva policies or talk to the Communications Coordinator for more information.
 - If you are not using Canva, talk to the Communications Coordinator about finding stock images appropriate for your project
 - Photos or videos taken by staff
 - If the photograph/video includes people, or is taken on someone’s private property, use a “Consent for Photography/Videography” form. There is a UGPHD form available in SharePoint and the Y Drive.
 - If your grant or program area requires you to use another photo/video release form, you do not have to use the UGPHD form.
 - If you already have a form that is not required by your grant/program, but that you would like to continue using, consult with the Communications Coordinator.
 - With whatever consent form you are using, consider if you need it translated into additional languages for the purposes of your projects. See the “[Producing Materials in Multiple Languages](#)” section under “Document and Message Development” in this guide.
- The images are high quality (high enough resolution to not be blurry or pixelated)
 - When working with images, you may see an abbreviation like “ppi,” which stands for pixels per inch. The more pixels per inch, the higher resolution the image. 300 ppi is generally a good resolution for both print and screens.
 - Some programs will automatically reduce resolution on images in order to reduce the file size of your document. If you are having issues with images

becoming pixelated due to program settings, talk to the Communications Coordinator for help.

- The images represent our UGPHD brand
 - Refer to the "[Staying On-Message](#)" section for more guidance.
- The images reflect our community / our target audience
 - Consider your target audience when selecting images, especially images of people. Whenever possible try to select images that reflect the population you want to reach (race, gender, age, etc.)
 - WyCo is a very diverse community, and the images we use should honor that.

Appendix F: Messaging Strategy Form

(This is just an image of the form. A fillable PDF is available in the Y Drive and SharePoint.)

UNIFIED GOVERNMENT PUBLIC HEALTH DEPARTMENT MESSAGING STRATEGY FORM

Project start date: _____ **Project deadline:** _____
Your name: _____ **Your direct supervisor:** _____

Brief description of project:

This communication is a project (or part of a project) that is: New Existing

Who is your target audience? Check all that apply:

<input type="checkbox"/> Current clients	<input type="checkbox"/> UGPHD staff
<input type="checkbox"/> Potential clients	<input type="checkbox"/> Other UG staff
<input type="checkbox"/> Other members of the public	<input type="checkbox"/> Funders
<input type="checkbox"/> Partner organizations	<input type="checkbox"/> Policy makers / elected officials (local)
<input type="checkbox"/> Reporters / news media	<input type="checkbox"/> Policy makers / elected officials (state)
<input type="checkbox"/> Unsure; need assistance to determine	<input type="checkbox"/> Other: _____

Any other info on your audience to consider (e.g. demographic info, interests, previous interactions with this audience, etc.):

What's the desired outcome from this project? Check all that apply, and describe:

Increased participation in this program/initiative:
 Change in this health-related behavior:
 This policy change, or step toward policy change:
 Increased knowledge/awareness on:
 Other: _____

What type of materials do you need to develop? Check all that apply:

<input type="checkbox"/> Social media content	<input type="checkbox"/> Press release
<input type="checkbox"/> Website content	<input type="checkbox"/> Presentation
<input type="checkbox"/> Flyer or brochure	<input type="checkbox"/> Event
<input type="checkbox"/> Other print materials:	<input type="checkbox"/> Report
<input type="checkbox"/> Unsure, need assistance to determine	<input type="checkbox"/> Other: _____

What else do you need help with for this project to be successful? Do you have any questions or requests for the Communications Coordinator?



Appendix G: Planned Approach for Health promotion Materials and Activities

POLICY TITLE: *Planned Approach for Health Promotion Materials and Activities*

EFFECTIVE DATE: *April 1, 2019*

PROGRAM AREA: *All Staff*

AUTHORIZED BY: *Director, Terry Brecheisen*

DATE REVIEWED/REVISED:

PURPOSE STATEMENT:

The purpose of this policy is to provide guidance on using CDCynergy Lite for developing and implementing health promotion materials and activities. This tool is based on best practice social marketing principles, and assists in developing, implementing and evaluating an effective social marketing plan.

<https://www.cdc.gov/healthcommunication/pdf/CDCynergyLite.pdf>

POLICY:

The Unified Government Public Health Department will use CDCynergy Lite to implement health messaging campaigns when:

- It is tied to a specific intervention used to influence, facilitate or promote behavior change (e.g., holding training classes to help seniors start their own walking clubs, developing a Website to promote drug-free activities to youth, expanding clinic hours to improve working mothers' access to HIV testing);
- Communicating about a health issue, concern, or status directly with the public or a subset of Wyandotte County residents;
- There is information we can make available to the public that is actionable. (i.e. there are behavioral or other choices residents could make, there are social or environmental factors that could be addressed to result in change, etc.);
- There are specific SMART objectives we wish to achieve through the implementation of the campaign (i.e. a 5% increase in the receipt of pre-kindergarten immunizations provided by the Health Department before September 1, 2020).

The use of CDCynergy Lite is not required when:

- Marketing UGPHD services, providing general health education and/or informing the public about an issue without tying it to a specific intervention;
- Communicating with partners and/or elected officials.

PROCEDURE:

Implementation:

Using the CDCynergy Lite social marketing guide, the development of all health promotion materials and activities will follow this procedure:

- I. Write a problem description**
 - a. Write a problem statement
 - b. List and map the causes of the health problem
- II. Conduct market research**
 - a. Define your research questions
 - b. Develop a market research plan
 - c. Conduct and analyze market research
 - d. Summarize research results
- III. Plan the market strategy**
 - a. Select your target audience segment(s)
 - b. Define current and desired behaviors for each audience segment
 - c. Prioritize audience/behavior pairs
 - d. Describe the benefits you will offer
 - e. Write your behavior change goal(s)
 - f. Select the intervention(s) you will develop for your program
 - g. Write the goal for each intervention
- IV. Plan the intervention**
 - a. Select members and assign roles for your planning team
 - b. Write specific, measurable objectives for each intervention activity
 - c. Write a program plan, including timeline and budget, for each intervention
- V. Plan the evaluation for the intervention**
 - a. Identify program elements to monitor
 - b. Select the key evaluation questions
 - c. Determine how the information will be gathered
 - d. Develop a data analysis and reporting plan
 - e. Develop a timetable and budget
- VI. Implement the intervention**
 - a. Prepare for launch

Appendix H: Canva Guide

Canva is an online graphic design software program that makes it relatively simple to put together designs with pre-set templates and a wide variety of free graphics and stock photos you can use. There is a free version available, but some staff have used grant funds to purchase Canva for Work subscriptions, allowing additional design capabilities and team collaboration.

How do you use Canva?

- Go to www.canva.com and log in
- Along the top section that says "Create a design," select the size of document you want (use pre-sets or use custom dimensions)
 - Note: pre-set sizes offer more options for sample layouts, and are usually up-to-date (though not 100% of the time) to match standard dimensions (e.g. social media headers)
- Once your new design is open, select the tools on the left
 - Search
 - Search for images. You can search all, or sort by photos or illustrations, and your account may have the option to select, "free only." Some images have a cost to use them. We generally use the free images for our designs.
 - Layouts
 - Provides sample layouts you can select and edit to meet your needs (e.g. change text, change colors, add other graphics). Great place to start if you are new at design, are looking for inspiration, or don't have much time.
 - Elements
 - Place to find a lot of your basic images and other things to help make your design. Shapes come in handy for lots of designs, as well as the selections of icons and illustrations, and photos broken into categories. Experiment with frames and grids as a creative way to show photos (shapes you can drag photos into).
 - Text
 - The main way you will use text is to click on "Add heading," "Add subheading," or "Add a little bit of body text." From there, the bar across the top gives you options to change font, size, line spacing, etc.
 - We have included three "brand fonts" that everyone on our team has access to. These should be your primary font choices for general HCW communications. There is some flexibility to sparingly use more "festive" fonts for other initiatives, special events, etc.

- Background
 - Change background color, or select a pattern or image for the background
 - Note: if you put any photo into your design and resize it to the dimensions of the page or larger, it will automatically turn into a background.
- Uploads
 - Upload your own images to use in your designs. PNG files are best for most of our designs, but JPEGs also work.
- Other features
 - The “Help” section at the top can help answer a lot of questions you may have about using Canva.
 - If you have a Canva for Work subscription, the “resize” option is very useful (e.g. if you started with a social media graphic, and now want to make a flyer that matches). You can use “magic resize” to create a new “file” with the size you want (while preserving the original). Using custom dimensions gives you more flexibility, but it changes the file you’re currently working on, so if you want to save that, go to “file,” then “make a copy.”
 - When you want to save the file, select “Download” near the top right, and select the file type you need (most often it will be “PDF for print” or “PNG” for web).
 - “Show team” at the top right allows you to make your design visible to your coworkers. Select “publish as template” to preserve your original design while allowing others to make edits.

Appendix I: Tips on Working with Graphic Designers

When to work with a graphic designer (versus designing in-house):

- Logo design
- Other larger, more permanent/long-term projects (e.g. a new HCW brochure)
- Projects outside of staff's capacity (could be lack of expertise, lack of necessary software, etc.)

What to expect:

- Typical price range: \$50-\$80/hour
- Initial communication with designer about what you're looking for
- Designer can give you a bid showing what they would do, how many hours of design work it will be, the total cost.
 - This will generally include a certain number of revisions (often 2 or 3). This means the designer will send you drafts, and you will provide feedback for any revisions to the design. Preparing materials (e.g. text or "copy" for the design) in advance and effectively communicating with the designer can help minimize the number of revisions needed. If you end up wanting more revisions than planned, be prepared to pay more for it.
- They can also give you an approximate timeline for when the project could be complete, BUT keep in mind this can change if there are unexpected revisions needed (or if you do not respond to questions from them in a timely fashion).
- If it is a design that will be printed, there are a couple of ways to do this:
 - The designer can give you the files and then their work is done; you take care of arrangements for getting them printed.
 - Some designers will help make arrangements with a printer for you. This will come at an additional cost for the designer's time, *but* it can be very useful for ensuring the quality of specialty printing, such as durable outdoor signs. Also, if the designer has a relationship with printers in the area, they may know where to get the best printing price for what you need, which can help offset the additional costs for the designer's time.

What designers will need from you:

- As clear of a description as you can give them about what you're looking for (the look/feel you want, whether it's for print/web/both, what it will be used for, etc.). It may be sufficient to provide this via email or phone, but depending on the project or the designer, they may want to meet in person and do some sketches while you discuss what you're looking for.

- If applicable, examples of any other documents/media that you want your project to align with (e.g. if you need the style to match another document you have)
- Files for any existing logos or other graphics you want them to use (preferably .eps or .ai files; ask about file types if you aren't sure)
- Complete text or "copy" for your project, such as text for a brochure.
 - Proofread and have it ready to go before you send it. Expect the text to stay essentially the same once you have sent it to the designer. It's fine if you catch a small typo and need to change it, but an overhaul of the copy could impact the whole design, and require additional design hours (and additional cost).
- Timely responses if they have questions or need you to look at drafts for revisions or proofs before sending the final versions.

Designers we have worked with:

Elizabeth Johnston

Lizzardbrand

913-236-0487 (voice)

913-669-3244 (cell)

elizabeth@lizzardbrand.com

1221 Lawton Lane

Kansas City, Kansas 66103

www.lizzardbrand.com

Rachel Krause

Banjo Creative

rachel@banjocreativeco.com

www.banjocreativeco.com

Appendix J: People First Language

Check out a guide from The Whole Person on using People First Language, which you can find on SharePoint or in the Y Drive, under Training Materials → Cultural Competency. Screenshot below for illustrative purposes.



The Whole Person
People with Disabilities Leading Independent Lives

*Connecting people with disabilities
to the resources they need*

Use People First Language... (DO'S)	...Instead of Labels that Stereotype and Devalue (DON'TS)
people/individuals with disabilities an adult who has a disability a child with a disability a person	the handicapped the disabled
people/individuals without disabilities typical kids a person	normal people atypical kids healthy individual
people with intellectual and developmental disabilities he/she has a cognitive impairment a person who has Down syndrome a person who has autism	the mentally retarded; retarded people he/she is retarded; the retarded he/she's a Downs kid autistic
people with a mental illness a person who has an emotional disability a person with a psychiatric illness/disability a person who has a learning disability	the mentally ill; the emotionally disturbed he/she is insane; crazy; demented; psycho; a maniac; a lunatic he/she is learning disabled
a person who is deaf he/she has a hearing impairment/loss a man/woman who is hard of hearing	the deaf
a person who is deaf and cannot speak a person who has a speech disorder he/she uses a communication device he/she uses synthetic speech	he/she is deaf and dumb a mute
a person who is blind a person who has a visual impairment a man/woman who has low vision	the blind
a person who is deafblind a person who is deaf and low vision	the deaf and blind he is deaf, dumb and blind
a person who has epilepsy people with a seizure disorder	an epileptic a victim of epilepsy
a person who uses a wheelchair people who have a mobility impairment a person who walks with crutches	he/she is wheelchair bound he/she is confined to a wheelchair a cripple
a person who has quadriplegia people with paraplegia	a quadriplegic; a quad a paraplegic
he/she is of small or short stature a person with dwarfism	a dwarf a midget
he/she has a congenital disability	he/she has a birth defect
accessible buses, bathrooms, etc reserved parking for people with disabilities	handicapped buses, bathrooms, etc handicapped parking
seniors older individuals/person/adults older Americans/citizens <i>note: some individuals prefer "older"</i>	old people senior citizen(s) old men and women
nursing facility	nursing home

3710 Main Street, Kansas City, MO 64111 • 816.561.0304 • thewholeperson.org

Appendix K: Accessing Resources in the Y Drive and SharePoint

SharePoint: See the "Employee Resources" group, "Standard Templates" folder

Y Drive: See the "Employee Resources" folder, "Standard Templates" folder

Some of the materials you can find on SharePoint and the Y Drive include:

- The full UGPHD Communications & Branding Guide
- The 2-page "Quick Guide" version of the Communications & Branding Guide
- UGPHD logo files (PNG files in full color, black, and white)
- Messaging Strategy Form
- PowerPoint templates (three options)
- Letterhead (color and black & white)
- Meeting agenda template
- Sign-In Sheet templates
- Meeting Minutes template
- Policy and Procedures template