
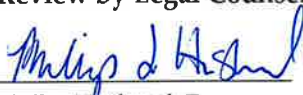


District of Columbia Department of Health  <h2>Health Promotion Activities</h2> 		<b>PROCEDURE 620.200</b> Implementing Office: Office of the Director/Office of Communications and Community Relations Training Required: Yes Originally Issued: April 24, 2014 Revised/Reviewed: <p style="text-align: center;">NOV 01 2022</p> <b>(First Revision)</b>
<b>Approved by:</b>  Sharon Williams Lewis DHA, RN-BC, CPM; Interim Agency Director	<b>Review by Legal Counsel:</b>  Phillip Husband, Esq.; General Counsel	<b>Effective Date:</b> NOV 01 2022  <b>Valid Through Date:</b> NOV 01 2025

<b>I. Authority</b>	Reorganization Plan No. 4 of 1996; Mayor’s Order 1997-42.  This SOP shall supersede and replace the earlier version, Communications Management – Coordinating Media Coverage, Review of Publications, and Development of Advertising and Media Campaigns.
<b>II. Reason for the Policy</b>	The District of Columbia Department of Health (“DC Health” or “the Department”) has a unique role as both the municipal and state health department for the District of Columbia. DC Health promotes health, wellness and equity, across the District, and protects the safety of residents, visitors and those doing business in our nation’s Capital. As such, the Department has a responsibility to disseminate information to the public through its health promotion activities that empower all District residents to cope with, and address health challenges.  Protocols are necessary to ensure that DC Health’s health promotion activities, from design through implementation, align with the District’s population health priorities, target populations at greatest risk for poor health outcomes, and ensure inclusion of a broad range of specific populations reflecting diversity based on race, ethnicity, gender identity, sexual orientation, age, nation of origin, primary language, socio-economic factors, and disability.

	<p>Protocols are also necessary to ensure that all information disseminated through DC Health channels reflects, to the greatest practicable degree, evidence-based or promising practices, and validated peer-reviewed science.</p> <p>Finally, it is essential that all external communications related to health promotion activities, regardless of medium, are managed as a part of the agency’s overall messaging strategy and procedures. Specifically, governance is required to ensure all external communications align with all aspects of the DC Health Communications Framework, compliment other external communications efforts, and amplify key messaging where appropriate.</p>
<p><b>III. Applicability</b></p>	<p>This SOP shall apply to all DC Health employees, contractors, interns, and summer youth employees. These individuals are referred to collectively herein as “employees” or “DC Health employees.”</p>
<p><b>IV. Policy Statement</b></p>	<p>Health promotion activities are jointly governed according to a division of labor enumerated herein. The Program Manager (PM) of the administering DC Health program (“the Program”) is the accountable manager over all tasks assigned to the Program. The Director of the DC Health Office of Communications and Community Relations (OCCR) is the accountable manager over all tasks assigned to that office.</p> <p>Health promotion activities consist of all organized external messaging efforts designed to educate and empower residents to take greater control over, and improve, their health. Health promotion activities require subject matter expertise (SME) in both the specific health issues being discussed, as well as communicating information to the public, or targeted subsets of the public, effectively.</p> <p>The Senior Deputy Director (SDD) of the administration implementing the Health Promotion Activity, or designee, is responsible for the following, in consultation with the Director of the Department of Health (“the Director”):</p> <ol style="list-style-type: none"> <li>1. Establishing the need for a Health Promotion Activity;</li> </ol>

2. Prioritizing the health issue(s) most appropriate to be addressed using a Health Promotion Activity (relative to other tools at the Department's disposal).
3. Determining if DC Health is the correct entity to initiate a Health Promotion Activity, or if the activity is better suited to a partner agency within DC government, private partner, or a coalition of entities in which DC Health manages specific components of a larger effort.
4. Authorizing resources (i.e., staff and funding) to the Health Promotion Activity.
5. Assigning a PM from the administration to lead the development and implementation of the Health Promotion Activity.

Resources to determine the need for a Health Promotion Activity include, but are not limited to:

1. Population health data from within DC, e.g., disease surveillance data, aggregate data on causes of death in the District, Behavioral Risk Factors Surveillance Survey (BRFSS), disability-adjusted life years (DALYs), and life expectancy at birth, including analyses of disparities across geographic and demographic categories.
2. Data within the DC Health Community Health Needs Assessment.
3. Priorities identified in the DC Health Community Health Improvement Plan.
4. Population health data from external partners, including federal government agencies, private/non-profit sector entities, and clinical literature.
5. Program-level data, including utilization of DC Health-funded programs, retention in those programs, and quantitative/qualitative data on program outcomes.
6. Direct community input including feedback sought out directly by the Department (e.g., surveys or focus groups), information received through advisory boards/commissions/councils, or advocacy by community stakeholders.

A Health Promotion Activity may only be launched with an SDD's approval. The PM, and the team designated to design the Health

	<p>Promotion Activity, are responsible for the following once assigned to manage a Health Promotion Activity:</p> <ol style="list-style-type: none"><li>1. Specifically defining the target population. This includes, but is not limited to, the following, as supported by the data sources that prompted the Health Promotion Activity (these categories are not mutually exclusive, they may overlap):<ol style="list-style-type: none"><li>a. Residents from specific demographic groups.</li><li>b. Residents with specific health literacy and language access needs.</li><li>c. Residents in specific geographic areas of the District.</li><li>d. Residents who have, or are at elevated risk for, a particular disease or category of diseases.</li></ol></li><li>2. Ensuring that the messaging reflects engagement of the target population. This may occur through direct means such as a survey, focus group, or community outreach. It may also occur via a third-party resource such as published clinical literature that encompassed such outreach.</li><li>3. Defining the objective of the Health Promotion Activity. This includes specific messaging that needs to be communicated to the target population, the health behavior that the target population should adopt or maintain as a result of the messaging, and any desired health outcomes.</li><li>4. Documenting the community factors, including the physical and built environment, current public policies, ongoing impact of historical public policies, or other social and structural determinants of health, that impact the health behavior or health outcome addressed by the Health Promotion Activity.</li><li>5. Ensuring that information communicated through a Health Promotion Activity is, whenever possible, supported by current clinical peer-reviewed literature, emanates from a recognized body of scientific and clinical knowledge, and conforms to minimal standards of care.</li></ol> <p>OCCR will select the tactics to be used in the Health Promotion Activity, including, but not limited to a social media campaign, print materials for direct distribution, print materials publicly posted in targeted locations, or broadcast media. OCCR is responsible for producing a draft concept for the Health Promotion Activity for review with the lead administration. The OCCR</p>
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	<p>Director has the authority to delegate these decisions to a contract vendor if the lead administration has an active agreement in place with a vendor under contract to provide this service.</p> <p>The PM and OCCR will ensure that an evaluation plan is in place for a Health Promotion Activity in advance of content being released to the public. At a minimum, the evaluation plan will include:</p> <ol style="list-style-type: none"> <li>1. Metrics to assess the reach and impact of the Health Promotion Activity.</li> <li>2. Documented strategies for engaging members of the target population and/or key community stakeholders to collect feedback on how the content was received.</li> </ol> <p>The OCCR Director, or designee, has sole authority to approve content for release to the public. OCCR is responsible for ensuring the following:</p> <ol style="list-style-type: none"> <li>1. All content is compliant with the Plain Writing Act of 2010;</li> <li>2. All content uses culturally competent language that aligns with the target audience.</li> <li>3. All language stating or implying a DC Health policy position aligns with those of the Director and/or the Mayor of the District of Columbia.</li> <li>4. All visual elements of any content to be released is consistent with the most recent version of the DC Health Communications Framework and DC Health Style Guide.</li> </ol> <p>OCCR is responsible for ensuring that content is translated into appropriate languages per the requirements listed in SOP 250.100 Language Access. If content will be publicly released in English and other languages, OCCR will approve the English version for release prior to initiating translation.</p> <p>Any DC Health employee not in compliance with any part of this SOP may be subject to commensurate disciplinary action.</p>
<p><b>V. Definitions &amp; Acronyms</b></p>	<p><b>DALY-</b> Disability-adjusted life years</p> <p><b>Health promotion-</b> the process of enabling people to increase control over, and to improve, their health. It moves beyond a focus on individual behavior towards a wide range of social and</p>

	<p>environmental interventions. As a core function of public health, health promotion supports governments, communities and individuals to cope with and address health challenges. This is accomplished by building healthy public policies, creating supportive environments, and strengthening community action and personal skills.</p> <p><b>OCCR-</b> DC Health Office of Communications and Community Relations</p> <p><b>PM-</b> Program Manager</p> <p><b>SDD-</b> Senior Deputy Director</p> <p><b>SME-</b> Subject Matter Expert/Expertise</p>
<p><b>VI. Procedures</b></p>	<p><b>Procedure A: Planning</b></p> <ol style="list-style-type: none"> <li>1. The administering program will—through regular analysis of surveillance data, findings from community engagement activities, and information received through advisory boards/commissions/councils— identify an unwanted health outcome of concern.</li> <li>2. The administering program will document the demographic group(s) at greatest risk for the unwanted health outcome based upon the best available data and community input.</li> <li>3. The administering program will define the call to action, or the health behaviors the Department wishes to encourage through a Health Promotion Activity.</li> <li>4. A PM of the administering program will submit a request to the SDD for approval of the Health Promotion Activity.</li> <li>5. The SDD of the lead administration will decide whether to approve a Health Promotion Activity to proceed.</li> </ol>



	<p><b>Procedure B: Implementation</b></p> <p>This procedure lists OCCR as the responsible office for most of the steps. If the administering program has an active agreement with a vendor under contract to develop Health Promotion Activities, all steps assigned to OCCR may be delegated to that vendor with pre-approval from the OCCR Director.</p> <ol style="list-style-type: none"> <li>1. OCCR will initiate a procurement for any contract services not internally available, e.g., video, printing.</li> <li>2. OCCR will document the recommended tactics for the Health Promotion Activity.</li> <li>3. OCCR will develop a draft concept for the Health Promotion Activity.</li> <li>4. OCCR will review the draft concept with the administering program, revising the concept as needed to secure approval from both offices.</li> <li>5. The OCCR Director, or designee, will route the concept to the DC Health Language Access Coordinator to complete any translations needed to ensure compliance with the Language Access Act of 2004 and/or engage the target population.</li> </ol> <p><b>Procedure C: Evaluation</b></p> <ol style="list-style-type: none"> <li>1. OCCR and/or the administering program will collect and monitor evaluation metrics per the evaluation plan.</li> <li>2. OCCR and/or the administering program will collect and monitor feedback from members of the target population in the District and key stakeholders.</li> <li>3. As indicated by the data and feedback collected, OCCR will manage changes and revisions to the content.</li> </ol>
<p><b>VII. Contacts</b></p>	<p>Director of Communications and Community Relations</p>

<b>VIII. Related Documents, Forms and Tools</b>	<a href="#">DC Health Communications Framework</a> <a href="#">DC Health Style Guide</a> <a href="#">SOP 250.100 Language Access</a>
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