

Strategic Messaging Guide

NACCHO's Strategic Messaging Guide was created to use in communicating with media and other stakeholders. We deliberately selected themes and messages that are relevant to the current economic and political climate, as well as to upcoming known and expected events (e.g., food-borne illness outbreaks, natural disasters). These messages are intended for use this year and will be reevaluated annually or as circumstances warrant. We expect these themes and messages to be especially useful for NACCHO leadership and NACCHO's media champions when responding to media requests and for all NACCHO members engaged in advocacy.

Why We Created This Messaging Guide

In recent years, NACCHO, local health departments, and the public health field as a whole have accomplished several major milestones and have faced significant challenges:

- Local health department capacity continues to shrink in the face of federal, state, and local cuts. Since 2008, the estimated number of LHD employees has decreased from 190,000 in 2008 to 147,000 in 2016, a decrease of 23%.
- In December 2015, Congress passed and the President signed the FY2016 omnibus appropriations bill, to fund government programs through September 30, 2016. CDC received an increase of \$308 million over FY2015.
- Since 1992, deaths from drug overdose have risen steadily and are now the leading cause of injury death in the United States. In fact, prescription drug abuse is the fastest growing drug problem in the U.S. Most prescription drug overdoses are caused by prescription painkillers (i.e., opioid or narcotic pain relievers). Local health departments in cities and states with high rates of prescription drug abuse and overdose are taking steps to call attention to this epidemic, and to prevent more deaths through access to Naloxone, an overdose-reversing medication, and medication-assisted treatment.
- In 2009–2010, NACCHO actively advocated for the passage of the Patient Protection and Affordable Care Act (ACA) and continues to defend the need for the Prevention and Public Health Fund (PPHF), a dedicated public health funding stream. As the law's major provisions are implemented, it continues to have a profound impact on governmental public health practice. With the recent efforts to repeal the ACA, funding from the PPHF in the current fiscal year (FY2017) is in peril. If Congress repeals the ACA, CDC will be forced to cut \$1 billion in core public health programs supported by PPHF during **this** fiscal year unless Congress restores this funding.
 - Public health preparedness programs have been deeply cut. PHEP has been cut by 29% in FY2005-2015; by 50% in FY2006-2016; and MRC has been cut by 40% in FY2006-2016, or 50% since FY2010. These cuts over the past decade significantly undermine community-level preparedness activities for ever-present threats.

In November 2016, NACCHO's Board of Directors approved the [2017 Federal Legislative and Policy Agenda](#), which will guide the organization's advocacy work with federal lawmakers and the Trump Administration.

What do all of those changes mean for how we talk about public health and the important role of local health departments?

First, it means we need to turn awareness into action. Widespread public support for public health and prevention already exists, and consensus is growing that health happens where we live, learn, work, and play. We know local health departments' critical role in our communities, but the public and policymakers are often unaware of the quiet contributions they make to keeping local residents safe and healthy. Over the next year, we need to convert general awareness and understanding into support for local health departments and the vital role they play in making it easier for people to be healthy. Not only do we need to make a convincing case for our work, we need to make the case to others to speak on our behalf.

Second, we need to speak in one voice. Now more than ever, we must take the opportunity to generate new support for local health departments and drive policy changes that can improve Americans' health. Whether we are talking to someone in your community, a local or national reporter, or a policymaker, we all need to be saying the same thing because we all have the same goal—generating support for local health departments and public health.

Third, we need to tell our stories. To really connect with the public, policymakers, the media, community advocates, and stakeholders from business, education, transportation, and other sectors, we need to illustrate how local health departments protect people and keep us safe. People in communities may not always see the work local health departments do, but they are safer and healthier because of it. Stories make your work visible. Local stories about local people and local data are most interesting to media and most persuasive to policymakers. Stories make the facts and numbers come alive and make you and your work more memorable to your audience.

This guide is designed to help all of us speak in a unified voice, to reinforce each other's messages as we respond to unprecedented challenges, anticipate the opportunities ahead, build support for local health departments, and brand NACCHO as the national authority on local health departments.

Everything in the guide is based on extensive discussion, review, and iterative feedback from NACCHO staff and local health department leaders. Please review it, use it, and make it your own by adding examples about your agency, project, or program. Together we can amplify the great work you do every day.

Overview and Background

What's in this guide?

The NACCHO Strategic Messaging Guide provides NACCHO leadership and staff, the Board of Directors, and media champions with guidance and ready-to-use messaging resources to build support for the work of local health departments. Here's how the guide is organized:

Overview and Background (pages 3–5) includes a brief overview of the messaging guide. This section also includes a description of the message platform development process.

Themes and Messages (pages 7–61) includes ready-to-use messaging in 16 strategic areas designed to build support for: Local health departments, NACCHO, public health funding, and 13 key programmatic areas that affect community health and safety.

Why do we need a message platform and consistent messaging?

“Public health” is a vast domain. Local health departments are part of that domain. To raise the visibility of local health departments, we need to talk about them specifically. Local health departments, with their special legal and statutory roles and responsibilities, have a unique role. This will increase the visibility of local health departments, raise the public's understanding about the role of local health departments, and help others understand how their work benefits both individuals and the community-at-large.

We are often asked by the media and policymakers: *Why is it important that local health departments exist? What is their unique role? How does that role differ from other organizations in the public health system? How does the work of a local health department improve the health of people in the community?* It will have more of an impact if we have consistent answers to these questions.

Our issues compete with many others for the attention of our audiences. We know that in order to be successful, we need a way to quickly engage audiences about the value of local health departments.

How did we select these messages?

A useful message platform reflects choices. We uncovered these messages through a series of meetings with NACCHO management and senior staff in targeted program areas. We gathered input from those who know NACCHO, public health, and the work of local health departments. Messages were vetted with the NACCHO Board of Directors, with local public health officials, and NACCHO workgroup members.

Who are our intended audiences?

Our audience is **policymakers, the media, and members of the public**, particularly those who know public officials and will speak to them. A majority of policymakers support prevention, protection, and safety, but they do not fully understand the contribution of local health departments.

The stories that we have included illustrate the breadth of services that local health departments provide and underscore the importance of keeping local health departments fully staffed and funded. These are just examples; use yours to highlight your own good work.

What else do I need to know?

The NACCHO Strategic Messaging Guide is designed to be a ready-to-use resource for building understanding and support for local health departments and NACCHO. This document is not exhaustive. It reflects the choices NACCHO leadership has made regarding its advocacy priorities and addresses anticipated trends in news coverage. To that end, the guide provides messages on 16 key topics: The Role of Local Health Departments; What is NACCHO?; Affordable Care Act; Chronic Disease and Prevention; Climate Change; Food Safety; Health in All Policies; Health Information Technology; Healthcare-Associated Infections; Immunization; Healthy and Safe Women, Children, Youth, and Families; Impact of Budget Cuts; Prescription Drug Misuse and Overdose; Public Health Preparedness; Sugar-Sweetened Beverages; and Vector-Borne Disease.

Targeting these messages to specific audiences, illustrating them with story examples, and rehearsing before your meeting or interview are all steps you can take to maximize their effectiveness.

How do I use this guide?

While there is no prescribed formula for using this guide, the following steps may assist you:

1. Choose one of the 16 topics to discuss, or navigate to the appropriate topic if you are responding to a media request.
2. Select a lead message to introduce the topic. There is often more than one lead message to choose from; be sure to choose one that will resonate with your particular audience.
3. Select a supporting message (or messages) to further explain what you mean. Most supporting messages can be used interchangeably, so choose one that best meets your needs, and that you can illustrate with a story.
4. Consider using an example from your work (or one of the examples provided) to help illustrate your point. Stories and examples are the key to helping people understand your message because they demonstrate its real-life impact.
5. Before using these messages, practice talking through the messages you have selected to make sure the connection between the lead and supporting message is clear and easy for a non-public health audience to understand.
6. Be prepared to answer follow-up questions about the statements you have made or the examples you have introduced.

1

The Role of Local Health Departments

Goal

To educate the public and policymakers about the critical roles that local health departments perform to keep communities healthy and protected from public health emergencies.

Lead Message

1. Local health departments make it easier for people to be healthy and safe.

OR

2. Local health departments are on the front lines of public health. You may not always see the work they do, but you are safer and healthier because of it.

Supporting Messages for Lead Message 1

- Local health departments work [with partners] to ensure the safety of the water we drink, the food we eat, and the air we breathe.
 - From implementing smoke-free air laws that promote clean indoor air to inspecting community farmers' markets that make fresh, nutritious produce more accessible, local health departments lay the groundwork for the kinds of healthy choices that keep people from getting sick or injured in the first place.
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Supporting Messages for Lead Message 2

- Local health departments help create and maintain conditions in communities that support healthier choices in areas such as diet, exercise, and tobacco. They lead efforts that prevent and reduce the effects of chronic diseases, including diabetes and cancer. They detect and stop outbreaks of diseases including measles and tuberculosis and of food-borne illnesses. They protect children and adults from infectious diseases through immunization.
- Getting regular checkups and having health insurance are important, but we know that much of what influences our health happens outside of the doctor's office.

The Role of Local Health Departments

- Local health departments help ensure clean drinking water, access to safe and healthy foods, children’s safety through use of car seats, and smoke-free restaurants and public places.
- Local health departments develop emergency plans and respond to disasters when they occur.
- You live better because of the work of local health departments, which do the following:
 - Conduct programs that are shown to make communities healthier (e.g., tobacco cessation programs, pregnancy-related home visitation programs, etc.).
 - Track, investigate and stop diseases and other public health threats (e.g. food-borne illness, HIV/AIDS, etc.).
 - Inform the public about health problems in the community and how to stay safe.
 - Prepare for and respond to emergencies and disasters that endanger the public’s health and safety (e.g., bioterrorism, hurricanes, floods, wildfires, etc.).
 - Mobilize community partners to work together to address local public health challenges (e.g., a lack of safe places for kids to play after school, limited access to fresh fruits and vegetables, etc.).
 - Link people who need healthcare with services (e.g., diabetes management, blood pressure medication, public insurance eligibility, etc.).
 - Enforce laws and regulations that keep people safe (e.g., smoke-free ordinances, restaurant inspections, water and sewer treatment, etc.).

Stories/Examples of LHD policies or programs aimed at making communities healthier

- According to the CDC, nearly 50,000 Americans die each year from lung cancer and heart disease attributable to secondhand smoke exposure. On May 23, 2011, Philadelphia Mayor Michael Nutter signed an executive order to make the more than 200 city-owned recreation centers, playgrounds, and pools 100 percent smoke-free, including outdoor spaces. The **Philadelphia Department of Health** is leading the effort, posting approximately 1,000 signs in recreation spaces notifying visitors and staff about the new smoke-free policy. Thousands of wallet-sized cards with information about the policy and resources for help with quitting will also be distributed. The Departments of Public Health and Parks and Recreation will also make additional smoking cessation classes available at recreation centers throughout the city. This is in addition to free classes held throughout the year in other community settings. This order has the potential to have an impact on more than 1.5 million residents.

Stories/Examples about tracking, investigating and stopping diseases

- In 2006, concerned about outbreaks of illness in elementary schools causing absenteeism among both students and teachers, the **Brevard County Health Department in Florida** developed a series of videos about a hand-washing superhero, “Super Hand.” Super Hand showed children in situations where there was a risk of passing on germs because someone hadn’t washed his or her hands, and demonstrated proper hand-washing technique. When the Super Hand videos were played on a regular basis, children and faculty responded with increased modeling of hand-washing technique, awareness, and vigilance. Over a two-year period, there were zero outbreaks of gastrointestinal illness in Brevard elementary schools.

Stories/Examples about informing the public how to stay safe

- In response to study data (1996–2005) confirmed that one-third of all gravel road crashes involved teens (15–19 years old), and that Lancaster County teen car crashes occurring on gravel roads were six times more fatal than those occurring on hard-surfaced roads, the Injury Prevention Program at the **Lincoln-Lancaster County Health Department in Nebraska** partnered with a local advertising firm to conduct an awareness campaign about the dangers of speeding on gravel roads. Student input received during the focus groups helped shape a campaign called “Change Your View of Gravel Roads” aimed at students. School administrators and student leaders understood the significance of this public health concern and were supportive of the initiative. Rural high schools submitting proposals to implement the campaign in their school communities received \$500 mini-grants to implement the student-driven campaign, which included educational tools and materials.

Stories/Examples about preparing for and responding to emergencies/disasters

- During the anthrax attacks of 2001, the **New York City Department of Health and Mental Hygiene** was responsible for the epidemiologic workup of cases stemming from the Rockefeller Center exposure. The Department oversaw environmental sampling and clean-up, and provided antibiotics to people who had been potentially exposed. Once letters were confirmed to have had anthrax in them, health department staff had to map out the flow of the letters starting in the mailroom and extending throughout the building, even to the flow of garbage at Rockefeller Center.

Stories/Examples about mobilizing community partners to address health issues in a community

- In response to nationwide data ranking the health of Clare County poorly, the **Central Michigan District Health Department** in Michigan hosted a public health summit to begin generating ideas to improve the health of Clare County and the other five counties served by the department. The popular summit led quickly to the creation of the “Together We Can” Health Improvement Council to implement health improvement strategies. Council members include representatives from local, state and tribal government, local business, hospitals, schools, nonprofits, and other community partners. In its first year, the initiative won the 2010 Michigan Department of Community Health’s Director’s Award for successful collaboration. Among other successes and new initiatives, the Council and the City of Clare held an individual weight-loss competition, the “Shamrock Shrink-down,” which provided a public weigh-in, free health screenings, and access to reduced gym memberships.
- Since 2002, the **Stanislaus County Health Services Agency in California** has explored the area’s most pressing health issues through a strategic community health assessment process designed to engage public health partners and county residents. An early assessment revealed significant concern about infant mortality. In response, the Family Resource Center (FRC) was created. First piloted in 2005, this community resource has grown from three to ten sites throughout the county. One FRC program, “Healthy Birth Outcomes,” includes prenatal care referral, medical/preventive health services, social services, and infant care/parenting education. Among women enrolled in the program, including those who experience “high-risk” pregnancies, the percentage of premature births is now lower than the county as a whole.
- Each year thousands of people die from influenza and even more require hospitalization. While the CDC recommends that all healthcare workers get an annual flu vaccine, fewer than half report getting one. Studies have shown that higher vaccination rates among healthcare workers can reduce influenza-like illness, and even deaths, in settings like nursing homes. To promote flu vaccinations for healthcare workers, the **St. Louis County Department of Health in Missouri** partnered with the St. Louis University School of Public Health. After surveying thousands of local healthcare workers about their knowledge, attitudes, and beliefs about the influenza vaccine, the partners used the survey results to address two primary concerns: vaccine safety and efficacy in an educational campaign that includes the new website, “No Flu For You” at: <http://www.nofluforyou.com/>

Stories/Examples about linking people who need care with services

- Because of occupational exposure, firefighters have a great risk of contracting bladder cancer. The **Randolph Health Department in Massachusetts** recognized that because bladder cancer is not usually discovered until it is advanced and causing symptoms, it was important to connect their local firefighters to screening and treatment, if necessary. Since 2005, the Randolph Health Department, in partnership with the Randolph Board of Health and other community partners, routinely identifies active and retired firefighters who might be at risk for bladder or urinary tract cancers, screens them, and refers any who test positive for blood in the urine to their physicians for follow up.

Stories/Examples about enforcing laws and regulations that keep people safe

- According to the CDC, nearly 50,000 Americans die each year from lung cancer and heart disease attributable to secondhand smoke exposure. In July 2008, the Kanawha County comprehensive clean indoor air regulation was expanded to include all bars and gambling establishments. The **Kanawha-Charleston Health Department in West Virginia**, which is responsible for inspections and enforcement of the smoke-free ordinance, worked as part of the Kanawha Coalition for Community Health Improvement's Tobacco Workgroup to develop a social marketing campaign called "Eat, Drink, and Breathe Easy" to encourage non-smokers to patronize the newly smoke-free establishments. When a well-known (and smoke-free compliant) bar owner placed a campaign sticker on his window and talked to the local paper about how important the campaign was to convince the public about the importance of smoke-free regulations, the tide in Kanawha County began to turn from controversy to acceptance to support of the new ordinance.

2

What is NACCHO?

Goal

To position NACCHO as the leading national authority on local health departments.

Lead Message

1. The National Association of County and City Health Officials is the voice of the 2,800 local health departments across the country. These city, county, metropolitan, district, and tribal departments work every day to protect and promote health and well-being for all people in their communities.

OR

2. As the national voice for local health departments, the National Association of County and City Health Officials is a leader, partner, and catalyst to ensure that people are able to make choices that keep them healthier, safe, and living longer.

OR

3. The National Association of County and City Health Officials is the best and most reliable source of information about the nation's 2,800 local health departments and more than 160,000 health department staff who run programs and services that make it easier for people to be healthy and safe.

Supporting Messages for Lead Messages 1-3

- NACCHO provides resources to help local health department leaders develop public health policies and programs to ensure that communities have access to the vital programs and services people need to keep them protected from disease and disaster.
 - NACCHO equips local health departments with easy-to-use tools in many subject areas, including accreditation, epidemiology, healthy community design, influenza, emergency preparedness, and quality improvement.

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Prescription Drug Misuse, Abuse, and Overdose

Goal

To educate the public and policymakers about the role of local health departments in preventing prescription drug misuse and overdose to reduce death and drug use in cities and counties.

Lead Messages

1. Local health departments develop and implement policies to prevent prescription drug misuse and overdose.

OR

2. Local health departments implement and support key interventions to prevent prescription drug misuse and overdose.

OR

3. Local health departments advocate for increased community access to prescription abuse treatment and prevention, and for medications that reverse the effects of an overdose and save lives.
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Supporting Messages for Lead Message 1

- Local health departments actively work with law enforcement, healthcare providers, and other stakeholders to develop and provide recommendations for legislation that prevents inappropriate prescribing practices.
- Local health departments educate policymakers and other community decision-makers on policies, laws, and regulations that protect individuals and communities from the devastating impacts of prescription drug misuse.

Supporting Messages for Lead Message 2

- Local health departments work with a wide range of community stakeholders—from police, fire and emergency medical responders, to healthcare providers, business leaders, and families—to coordinate solutions that mitigate prescription drug misuse and reverse the effects of prescription overdose and death.
- Local health departments work with police departments on drug take-back days and drug drop-off kiosks to ensure that people can safely dispose of unused prescription drugs.
- Local health departments work with hospitals, healthcare providers, and pharmacies to increase screenings for substance abuse.

Supporting Messages for Lead Message 3

- Local health departments educate medical providers and pharmacy personnel to eliminate over-prescribing practices and support use of prescription drug monitoring programs.
- Many local health departments train emergency medical responders, police officers, and community members to use life-saving medication, like naloxone or naltrexone, to reverse an overdose. In some jurisdictions, the local health departments provide the medications.
- Recently, many local health departments have begun to promote substance abuse treatment to enable substance users to regain their ability to contribute productively to their families, workplaces, and communities.

Story/Example for Lead Message 1

- West Virginia has the highest per capita rate of overdose deaths from opioids of any state in the country. In November 2013, **Kanawha-Charleston Health Department** in West Virginia in partnership with the Kanawha County Substance Abuse Task Force, prepared a report making 13 recommendations to combat West Virginia’s substance abuse problem. One recommendation included the proactive analysis of data collected through the state’s prescription drug monitoring program. As a result of their actions, “doctor shopping” by drug-seeking patients has decreased.

Story/Example for Lead Message 2

- In 2006, unintentional drug poisoning deaths were three times higher in Wilkes County than the North Carolina state average. The **Wilkes County Health Department** in North Carolina responded by partnering with Northwest Community Care and Wilkes Regional Medical Center to establish a Chronic Pain Initiative and Project Lazarus, an evidence-based public health model for addressing overdose, chronic pain, and addiction, to reduce unintentional overdoses. As a result of this partnership, the community coalition set up surveillance systems to monitor data, developed a toolkit for physicians and nurses to prevent potential overdoses, and established medication drop boxes. North Carolina's medical, pharmacy and nursing boards all endorsed policy change and approved public health nurses to dispense naloxone rescue medication. This public health model has produced dramatic results in Wilkes County, including a 72% decrease in drug overdoses. Project Lazarus is now being implemented throughout North Carolina, various states, tribal groups, and the military.

Story/Example for Lead Message 3

- In 2007, unintentional drug overdose became the leading cause of injury-related death in Ohio, ahead of motor vehicle traffic crashes and suicide. The Cuyahoga County Opiate Task Force, led by the **Cuyahoga County Board of Health** in Ohio, brings together dedicated professionals with experience in raising public awareness and promoting community action to reduce the misuse of prescription medication through prevention, treatment, and recovery. The Task Force is composed of concerned community members, law enforcement, the judicial system, medical, public health, school prevention programs, and treatment and recovery agencies. In 2013, the Task Force initiated Project DAWN, its first naloxone program. As a result of the program, over 900 individuals have been trained, including 592 at-risk and 135 third-party consumers, and there have been 66 documented overdose reversals.

Public Health Preparedness

Goal

To educate the public and policymakers about the role of local health departments in preparing for and responding to emergencies and disasters.

Lead Messages

1. Local health departments are on-call 24 hours a day, 7 days a week to protect their communities from all types of public health emergencies.

OR

2. Local health departments are the “boots on the ground” responding to and recovering from public health emergencies, such as disease outbreaks, natural and human-caused disasters, and terrorist attacks.

OR

3. Local health departments cultivate many partnerships within their communities to prepare for and respond to public health emergencies.

OR

4. More than half of local health departments rely on federal funding alone to prepare for public health emergencies.

Supporting Messages for Lead Message 1

- Local health departments act quickly and efficiently to protect people in their communities during emergencies because of ongoing public health preparedness activities. They develop emergency plans, purchase equipment and supplies necessary to execute plans, train their workforce and conduct exercises to test plans, and use lessons learned from trainings and exercises to improve those plans.
- Local health departments secure lifesaving medicines and resources including shelter supplies, vaccinations, and first-aid equipment. They know how to quickly deploy these resources during public health emergencies as the result of preparedness planning, training, and exercises.

Supporting Messages for Lead Message 2

- Local health department staff are dedicated public servants who use tried-and-tested strategies and tactics to protect their communities during public health emergencies.
 - They dispense medications and vaccinations.
 - They conduct investigations to track and prevent the spread of diseases.
 - They collect and analyze data to inform preparedness and response activities.
 - They advise local leaders about public health laws.
 - They educate people in their communities about the importance of personal preparedness and how to protect themselves from risk.
 - They work with groups like the Medical Reserve Corps to activate and coordinate trained volunteers.
 - They support those affected by emergencies by setting up and staffing shelters, reuniting families, and providing supplies, like potable water.
 - They inform community members about actions to take before, during, and after an emergency.
- Many local health departments rely on volunteers, such as the Medical Reserve Corps (MRC), to fill the gap widened by ongoing funding cuts. Two-thirds of the nation’s 1,000 Medical Reserve Corps units are housed in local health departments. These highly skilled volunteers are doctors, dentists, nurses, pharmacists, and other community members. MRC volunteers train alongside local health department staff to fill a critical role in increasing local health departments’ capacity to respond to emergencies.

Supporting Messages for Lead Message 3

- To protect the health and safety of the public during a public health emergency, a coordinated approach among local health departments and federal, state, and other local government agencies is crucial.
- Local health departments partner with hospitals, emergency management, law enforcement, and other community stakeholders, such as volunteer groups, local business owners, faith-based organizations, and schools. These stakeholders work together to successfully coordinate plans, trainings, exercises, and response activities. Local health departments often take the lead in forming and supporting these coalitions.

- Local health departments regularly host trainings and exercises to prepare staff and healthcare coalition partners for public health emergencies. Trainings and exercises hosted by local health departments have helped to build consistent and ongoing communication between partners, clearly define roles during an emergency, and anticipate challenges to address before an emergency occurs.

Supporting Messages for Lead Message 4

- After 9/11 and Hurricane Katrina, the federal government created programs that provided resources for local and state) health department readiness to respond to future public health emergencies. These programs were crucial to developing the preparedness capacity of local health departments.
- Since 2007, cuts to preparedness funding have resulted in thousands of local health department jobs lost. Decreased capacity has limited the ability of local health departments to respond to public health emergencies, make preparedness plans with community partners, and conduct trainings and exercises.

Story/Example for Lead Message 1

- After experiencing four consecutive hurricanes in 2004, the **Florida Department of Health in Clay County** realized the importance of coordinating all components of public health response in their health department with community partners. In 2007, the health department participated in NACCHO's Project Public Health Ready, a competency- based training program that assesses preparedness and helps better prepare local health departments to respond to emergencies. After seven months of program training, the Clay County health department led an exercise to distribute over 1,000 doses of faux antibiotics during a simulated anthrax attack. They were able to incorporate lessons learned from the exercise into the agency's preparedness plans that enabled them to respond successfully to the H1N1 pandemic in 2009. They are now ready and able to respond to future emergencies.

Stories/Examples for Lead Messages 2 & 3

- In April 2013, Boston-area Medical Reserve Corps volunteers were called into action to support the **Boston Public Health Commission** in response to the Boston Marathon bombings. Medical Reserve Corps volunteers from 14 local units assisted marathon organizers with routine special-event activities. Prior to the explosion, volunteers provided first aid, supported the tracking of injured runners, and staffed the enhanced medical tents. Immediately following the explosion, volunteers delivered emergency first aid, transported the injured, and continued patient tracking. Medical Reserve Corps volunteers from outside of the immediate area also responded quickly to staff local shelters and to coordinate areas where friends and families were reunited. Thanks to the Medical Reserve Corps volunteers present that day, the Boston Public Health Commission received much-needed support during the emergency and helped save many lives.
- In January 2014, the community of Elk River, West Virginia experienced a chemical spill that left 300,000 people without drinking water. The **Charleston-Kanawha County Health Department** in West Virginia worked with local, state, and federal agencies and private industry to coordinate the response and provide technical and subject matter assistance. They provided important information to the public, worked with many stakeholders, organized drinking water distribution events and delivered water to special- needs populations. During the response, hundreds of local residents regularly turned to the Kanawha-Charleston Health Department for guidance on how to keep themselves safe during the crisis, demonstrating their deep level of trust and faith in the local health department.
- **Ventura County Public Health** in California hosts an annual full-scale exercise that brings together representatives from diverse organizations that would likely respond together during a real-life disaster. In 2014, nearly 1,500 people throughout the state of California attended the “Operation Medical Base” exercise to train for an earthquake response. Partners in attendance included county and state agencies, 15 California Medical Reserve Corps units, the California National Guard, eight local hospitals, and representatives from the U.S. Department of Health and Human Services and the Federal Emergency Management Agency. Ventura County Public Health’s Operation Medical Base not only tested the skills these individuals would need in an emergency response, but also provided an opportunity for participants to identify challenges and opportunities to improve communications prior to a disaster.

- Because King County in Washington State has approximately 300 pharmacies that are geographically spread throughout the county's 2,000 square miles, **Public Health – Seattle & King County** has collaborated with public and private sector partners, including pharmacies, community and faith-based organizations, Medical Reserve Corps volunteers, and subject matter experts to expand public access to emergency medications and vaccines. In 2009, the H1N1 influenza pandemic provided the opportunity to leverage the public health and pharmacy collaboration to distribute vaccines. To meet demand and to complement services offered by local health departments, doctors' offices, community clinics, and independent and chain store pharmacies also supported the regional H1N1 response by providing increased access to vaccines for community members. The medication dispensing strategy has been continually refined based on lessons learned from H1N1, a pertussis outbreak, and seasonal flu campaigns, and it is re-tested through ongoing drills and exercises.

Story/Example for Lead Message 4

- Funding cuts have directly affected the ability of local health departments to prepare for and respond to public health emergencies. For example, the **Southwest Utah Public Health Department**, which is responsible for the health and safety of 215,000 residents and 3.5 million visitors a year in a 17,000 square mile rural region that covers five counties, is currently functioning with about 50 staff (down from 123 in 2007). The staff is expected to respond to all the region's health needs, including areas unrelated to preparedness, such as restaurant inspections and school-age children vaccinations. This is the same staff that would be called upon to respond during an emergency. Should an emergency occur that requires an "all-hands-on-deck" approach, the health department's resources may be stretched too thin.