Continuation Guidance – Budget Year Five
Attachment F
Focus Area F: Risk Communication and Health Information Dissemination (Public Information and Communication)

CRITICAL CAPACITY #15: To provide needed health/risk information to the public and key partners during a terrorism event by establishing critical baseline information about the current communication needs and barriers within individual communities, and identifying effective channels of communication for reaching the general public and special populations during public health threats and emergencies.

RECIPIENT ACTIVITIES:

1. **CRITICAL BENCHMARK #23:** Complete a plan for crisis and emergency risk communication (CERC) and information dissemination to educate the media, public, partners and stakeholders regarding risks associated with the real or apparent threat and an effective public response.

2. **CRITICAL BENCHMARK #24:** Conduct trainings, drills, and exercises involving communication systems to ensure channels of communication to inform the public, partners, and stakeholders about recommendations during public health emergencies work in a timely and effective manner. (**LINK WITH FOCUS AREA A**)

3. Complete a plan for activities that will be implemented to meet the specific needs of special populations that include but are not limited to people with disabilities, people with serious mental illness, minority groups, the non-English speaking, children, and the elderly. *Such activities must be integrated between the public health and the hospital communities.* (**LINK WITH CROSS CUTTING ACTIVITY *POPULATIONS WITH SPECIAL NEEDS,* Attachment H**)

4. Assess state and local public information needs and identify communication resources needed to support the distribution of supplies to the public from the Strategic National Stockpile program (12-hour "push packages" as well as the vendor managed inventory). Assessments and plans should consider language barriers, cultural sensitivities, hearing and sight impairment, and the means by which population groups and communities access information. (**LINK WITH FOCUS AREA A, and CROSS CUTTING ACTIVITY *POPULATIONS WITH SPECIAL NEEDS, PSYCHOSOCIAL NEEDS,* Attachment H**)

5. Coordinate risk communication planning with key state and local government and non-government emergency response partners (e.g. municipal emergency operation centers and chapters of the American Red Cross).

6. Establish capabilities to provide "hotline" services when needed, including those that provide mental health services.

7. Train key state & local public health spokespersons in crisis and emergency risk communication principles and standards.

8. Identify participants in a public information system, including call-down lists of public health and clinical contacts that can be activated to address communications and information dissemination needs regarding smallpox. (See Appendix 4, IT Function #7) **(LINK WITH FOCUS AREAS B and E)**

9. Develop communications materials for dissemination regarding smallpox training and education for local stakeholders, such as community members, school representatives, physician, local emergency service responders, and the general public.

10. For international border states, form a public information and crisis communication working group, led by CDC, the Mexico Department of Health and Health Canada to coordinate critical response plans and exchange best practices. **(LINK WITH CROSS CUTTING ACTIVITY *BORDER STATES,* Attachment H)**

11. Establish mechanisms to translate emergency messages into priority languages spoken within the jurisdiction. **(LINK WITH CROSS CUTTING ACTIVITY *POPULATIONS WITH SPECIAL NEEDS,* Attachment H)**

12. Test responsiveness of participants within the public information system, including call-down lists of public health and clinical contacts that can be activated to address communications and information dissemination needs regarding smallpox. **(LINK WITH FOCUS AREA B and E)**

13. Complete the CDC Emergency Risk Communication train-the-trainer program.

ENHANCED CAPACITY #11: To identify, develop and improve crisis and emergency-risk communication planning with respect to the needs of special populations, cultural and psychological aspects of crisis communication, and communication barriers to effective public health response during public health emergencies including terrorism, infectious disease outbreak and other public health emergencies.

RECIPIENT ACTIVITIES:

1. Develop and conduct a testing program for emergency communication plans to ensure channels of communication exist and resources are available to provide effective public information and risk communication during public health emergencies. **(LINK WITH FOCUS AREA A)**

2. With local public health agencies, enhance relationships with mental health planners and providers by providing education, attending and participating at conferences, providing joint sponsorship of meetings and developing and evaluating activities necessary to report the degree to which persons who have not been exposed to a potential terrorist or emerging infectious agent seek acute care at health care facilities.

3. Partner with CDC, other states and/or Public Health Centers for Excellence located in schools of public health, and Centers for Public Health Preparedness to identify research gaps and conduct research on risk communication issues related to special populations, cultural and psychological aspects of crisis communication, and communication barriers to effective public response during public health emergencies including terrorism, infectious disease outbreaks and other public health emergencies (See Appendix 7).

4. With local public health agencies, establish a web-based clearinghouse of resources and activities related to crisis and emergency risk communication and link to CDC's clearinghouse. **(LINK WITH FOCUS AREA E)**

5. With local public health agencies and other stakeholders, establish the capacity to conduct public outreach campaigns, which may include town-hall meetings and presentations to civic organizations, schools, businesses, faith-based institutions and special ethnic and cultural groups.

6. With local public health agencies, ensure consistent message content and establish mechanisms to track and monitor message dissemination and media coverage, audience reaction, and changing communication issues and priorities at the state or local level.

7. Establish plans and working relationships to ensure that consistent and accurate information is disseminated, especially among adjacent state and local health jurisdictions. **(LINK WITH CROSS-CUTTING ACTIVITY, NATIONAL INCIDENT MANAGEMENT, Attachment H)**

8. Ensure that the competencies and credentialing requirements for communication specialists in public information, public affairs and health education related to crisis and emergency risk communication are reviewed annually and that requirements for continuing education are met. Attention should be paid to the recruitment, training and the proper career development of these personnel. **(LINK WITH FOCUS AREA G)**

9. As part of the health departments mobilization capabilities, consider the purchase of personal digital assistant (PDA) hardware and software packages that allow off-site office capabilities such as the following **(LINK WITH FOCUS AREA E)**:
    a. A portable joint information center (JIC) with names and contacts
    b. Full list of contacts for key responders
    c. A complete list of health professionals in the state sortable by geography, area of expertise, etc.
    d. Images of rashes or other pictures that may be used as visual aids.

e. Array of other software possibilities available to meet specific needs (e.g. such as the ability to produce and print word documents from the PDA)