

Technical Section A: Communications



Executive Summary

Communication during a pandemic, or any other public health emergency, is divided into two broad areas:

1. *Public/media communication*: Strategies, procedures, and resources for communicating with and through the media, and for communicating directly with audiences (publics) not directly involved in responding to the pandemic.
2. *Internal and response partner communication*: Mechanisms and resources for communicating internally with MDH staff or externally with partner agencies and organizations that will play a role in responding to a pandemic (“responders”).

During a public health emergency, communication with external partners and with MDH staff directly involved in responding to the emergency typically requires a significant degree of technical expertise and/or authority (following an IMS structure). For that reason, these areas of communication are primarily the responsibility of program staff, and are therefore only briefly touched on in this section of the pandemic plan.

The MDH Communications Office will, however, play a more direct role in the following aspects of internal and partner communications:

- Ensuring appropriate coordination of messages delivered to the public by MDH staff and partner organizations.
- Ensuring that there is general agency-wide communication designed to keep MDH staff informed of developments related to a public health emergency and the steps being taken in a response (by MDH and its external partners).
- Ensuring that messages regarding the fears/concerns of responders relating to themselves and their families are disseminated.

A basic structure is already in place at the MDH for providing information to the public during a public health emergency, based on custom and precedent, as well as emergency preparedness planning completed since 2002. For that reason, many of the communications activities referenced in this section of the plan are generic, all-hazard activities, and would not be substantially different for a pandemic than for other types of public health emergencies.

However, a pandemic is likely to be of longer duration and to make greater demands on staffing resources than other types of emergencies. A pandemic is also likely to be cyclical in nature, with peaks and valleys of response activity, public concern, and media interest over the duration of the event. Waves of public concern and media attention may also be triggered by a variety of perceived threats and concerns, and may not always correspond perfectly with the current phases of the pandemic as defined by the WHO.

Following the example of the plan developed by the U.S. Department of Health and Human Services (HHS), this section divides communication activities very broadly, with the various activities assigned according to the WHO pandemic phases.

Health and Human Services (HHS) Recommendations

Overview

The HHS recommendations regarding communication focus primarily on public/media communication, but also include some elements of external/partner communication. The

recommendations are divided into three broad areas, based on the specific phase of the pandemic response:

1. Overall planning goals and risk communication strategies
2. Recommendations for the interpandemic/pandemic alert period
3. Recommendations for the pandemic period

1. Planning goals and risk communication strategies

- Integrate scientifically based risk communication into the overall public health response, with the objective of protecting public health and preventing pandemic-related illness and death.
- Promote the development, at the state and local level, of communications plans that will support the public health response to a pandemic, while minimizing anxiety, fear, and stigmatization of participant groups or communities.
- Develop and implement a well-coordinated and consistent communication response across jurisdictions, based on established risk communications principles.
- Provide the public with timely, accurate, consistent, and appropriate information about the pandemic and the public health response.
- Explain/communicate the rationale for public health response measures, including measures like quarantine and community-based containment strategies.
- Address rumors, inaccuracies, and misperceptions promptly.
- Minimize the stigmatization of groups that may be “blamed” for causing or exacerbating the pandemic.
- Adapt communications materials/messages to meet the needs of groups who may face special barriers to receiving or acting on public health messages.
- Acknowledge the anxiety, distress, and grief that people may experience during a pandemic.

2. Interpandemic and pandemic alert periods

The preponderance of HHS recommendations regarding communication involves activities to be undertaken during the interpandemic and pandemic alert periods. Apart from “generic” recommendations that may also apply to other aspects of pandemic planning (regarding adequacy of staffing, maintenance of technological infrastructure, importance of accounting for the phases of a pandemic, involvement of communicators in planning for and responding to the pandemic, etc.), the recommendations generally fall into the following categories:

- Assessment of capacity/collaborative planning
- Procedures for dissemination of information
- Development, testing, and dissemination of locally tailored messages and materials

3. Pandemic period

- Ensure consistency of public messages between agencies/organizations and across jurisdictions.
- Identify thresholds and triggers that may serve to intensify communication needs.
- Provide regular information updates and opportunities to ask questions – for the media and the public.
- Disseminate practical information about coping with the pandemic.
- Reinforce practical steps people can take to protect themselves.
- Respond promptly to rumors and misinformation.
- Minimize stigmatization.
- Use hotlines and similar vehicles as a mechanism for assessing public awareness and behavior, and obtaining feedback that can be used to modify communication strategies.
- Provide the media with access to subject matter experts on a regularly scheduled basis.

Content of messages

The HHS recommendations generally seem to suggest that basic messages will be developed and tested at the federal level by HHS, and adapted for use at the state and local level as necessary. However, the recommendations identify a number of priority areas for message development. Some are explicitly identified in the communication recommendations, while others are implicit in recommendations about other issue areas:

General

- Combating stigmatization (see goals/risk communication strategies, above).
- Basic public health information.
- Capabilities and limitations of the public health system.
- Anticipated strategies/actions during a pandemic, and the rationale for public health policy actions.

Vaccines

- The rationale used to identify groups who will be first to receive available vaccine.
- The order in which others will be vaccinated after initial groups have been vaccinated.
- When and where vaccination will be available.
- The continued importance of vaccination after the initial wave of a pandemic is over.

Antivirals

- The anticipated role of antivirals in the pandemic response.
- The need to set priorities for using limited supplies of antivirals.
- The rationale used in determining who will receive antivirals.
- The importance of using/taking antivirals exactly as prescribed, to minimize the development of resistant viruses.

Community-based control measures and rationale

- Individual actions (respiratory hygiene, “staying home”).
- Community-wide actions (self-shielding, “snow days”).
- Quarantine and the support systems that will be available for individuals placed in quarantine.
- Public concerns about privacy arising from the need to provide medical information to healthcare and public health workers.

Planning Activities

Rationale

Effective communication is an essential part of the response to a large, complex, and protracted event like an influenza pandemic. Target audiences for pandemic communication include the media, the public, internal staff, and external partners, including LPH, other agencies at the local, state, and federal level, healthcare providers, the academic community, and the business community.

Prompt, accurate communication during a pandemic will provide critical information about what people can and should do to protect themselves and others. It will help to establish realistic expectations about how a pandemic will unfold, and how much can or cannot be done to

minimize the impact. Additionally, it can help to minimize negative or destructive behavior, minimize the disruption of normal activities, maximize effective and appropriate use of resources, and generally build support for the overall response to the pandemic. Ultimately, accurate communication will help to minimize the impact of a pandemic, in terms of illness, death, and social disruption.

The effectiveness of communication during a pandemic will depend on a number of factors. The principles of risk communication will need to be observed. It will be necessary to respond rapidly to unfolding events, with accurate information and sound recommendations for protective action. In an environment where many individuals and organizations will be asked to provide information and comments, effective mechanisms will be needed to ensure consistency and coordination of messages.

Communication prior to and during the pandemic should be candid and transparent, providing a realistic picture of how events are likely to unfold. The MDH and its response partners will be called on to communicate with the public about an event or sequence of events that cannot be predicted in advance, and may be cyclical in nature. They should be prepared to acknowledge uncertainty, and offer apologies when information provided to the public turns out to be incorrect. Because public perceptions of risk may not correspond with the assessments of public health professionals, communication needs may not correspond perfectly with the six identified phases of a potential pandemic, especially during the interpandemic/pandemic alert period. Respect and empathy will be a critical ingredient of public communication during a pandemic, and messages will need to be couched in language that will be readily understood by the intended audience.

In addition, it should be remembered that the actions taken during a pandemic – response activities, policy decisions and recommendations for protective action – will also send a message to the public. During a pandemic, communication will not be limited to words and images. For that reason, the principles of effective risk communication will need to inform the larger policy development process, as well as the message development process.

Triggers

Interpandemic/pandemic alert period

During the interpandemic/pandemic alert period (phases 1-5), the following events or developments will serve as communication triggers, requiring prompt dissemination of approved messages and materials by the MDH and/or its external partners:

- Identification of novel influenza strain in humans.
- Reports of high fatality rates in connection with a potential pandemic strain.
- A dramatic or perceived increase in the number of reported human cases (or deaths) involving a new strain (criteria could be arbitrary/symbolic – 200th case/death, 1,000th case/death, etc.).
- Perceived or actual spread of human illness to new region/country/geographic area or the “dramatic” expansion of an area already affected (includes both local and imported cases).
- Any reported or perceived change in behavior of an influenza virus (e.g., increase or decrease in virulence/lethality, human-to-human transmission, etc.).
- Initial cases or deaths reported in areas perceived to be close to home (e.g., first in Western Europe, Western Hemisphere, North America, U.S., Upper Midwest, Minnesota).

- Spread of a high-pathogenic influenza virus that primarily or exclusively affects animals, but is also known or perceived to be a human health threat, into the animal population in a new geographic area (especially if the newly affected region is perceived to be close to home, see above).
- Increased media interest in new influenza strain (for any reason).
- Increased attention to a new influenza strain by elected officials (for any reason).
- Any reports of hoarding behavior (e.g., PPE, antivirals).
- Any reports of stigmatization (blaming of specific communities or groups for spreading influenza virus, exposing others to illness, etc.).
- Any reports of rumors or misinformation that may be circulating in the community (e.g., from media reports, calls from the public, e-mail traffic, internet, LPH, or other external partners).

Pandemic period

In addition to the communication trigger points noted for the interpandemic/pandemic alert period, the following trigger points may come into play during the pandemic period (phase 6):

- Reports of a significant or perceived increase in illness, hospitalizations, or deaths.
- Announcement or implementation of recommendations (actions) relating to the distribution and use of PPE, (available) vaccines, and antivirals.
- Formal announcement of recommendations for respiratory hygiene for individuals.
- Changes in the surveillance strategy used to track the pandemic, resulting in apparent discrepancies in reported cases and deaths.
- Initiation/intensification or cessation/scaling back of community containment measures, including:
 - Quarantine of individuals or groups
 - “Snow days” and self-shielding
 - Closure of schools or other public facilities
 - Cancellation of public events
 - *Cordon sanitaire* or other restrictions on travel/movement
- Shortages, closures, failure of major social systems, and significant economic disruption (e.g., phones, transportation, electricity, food supply, etc.).

Actions

Interpandemic/pandemic alert period

The following communications actions are planned, anticipated, or already underway for the interpandemic and pandemic alert periods (phases 1-5).

General

1. Develop and maintain appropriate mechanisms for notification and activation of communications staff and resources during an emergency, including emergency notification phone number for on-call staff, development of resource “go kit” (as described under #6 below), VPN access to MDH computer networks for key communications staff, distribution of GETS cards and satellite phones to key communications staff, and inclusion of key communications staff on distribution lists for HAN and MIR3 messages.

<p>2. Develop and maintain vehicles for dissemination of information to the public:</p> <ul style="list-style-type: none"> a. News release distribution (broadcast fax, GovDelivery subscription service, informal media contact lists, etc.) b. Public internet (joint responsibility of communications office and program staff) c. Public hotline capability
<p>3. Maintain appropriate relationships with reporters, editors, and other media gatekeepers.</p>
<p>4. Develop and maintain formal arrangements with media organizations regarding vehicles for routine handling of emergency information (bulletins, links from media websites, video scrolling, etc.).</p>
<p>5. As appropriate, activate formal arrangements with media organizations for routine handling of emergency information, including urgent information about individual protective actions and access to critical public health services.</p>
<p>6. Maintain “virtual go-kit” of prescribed informational materials on public health issues, contact lists, and other public communication resources, to be stored on removable laptops by designated communications office staff.</p>
<p>7. Develop, maintain, and test appropriate vehicles for coordination of risk communication messages with LPH, healthcare providers, and other external partners, as well as hotline volunteers, other MDH staff with responsibility for public contact, and MDH points of contact (POC) with responsibility for partner communication (see Attachment H). Vehicles include but are not limited to creation, revision, updating of standard messages or talking points, web pages of materials posted to the MDH WorkSpace or public communication resource page, HAN messages, targeted e-mail, and informal phone contact.</p>
<p>8. Use message coordination vehicles (as described above) to ensure consistency of messages disseminated in response to or connection with emergent events.</p>
<p>9. As needed, in the absence of SEOC activation, use appropriate MDH communication vehicles to disseminate information to the public, including media briefings, news releases, and background materials for media, and the MDH public website.</p>
<p>10. When the SEOC is active, in response to a pandemic or other event or developments preceding or anticipating such an event, work through the incident command structure to disseminate messages using SEOC vehicles, including but not limited to routine JIC briefings, news releases, SEOC web pages or SEOC links to MDH web pages, and the SEOC hotline. Coordinate use of MDH and SEOC communication vehicles.</p>
<p>11. Use vehicles developed through the Emergency and Community Health Outreach (ECHO) collaborative to disseminate emergency and non-emergency information and messages to limited-English populations. These vehicles include:</p> <ul style="list-style-type: none"> a. Regularly scheduled broadcasts of the ECHO television program by public television stations. b. Specially scheduled, statewide broadcasts of ECHO-TV during declared emergencies. c. Partnering arrangements with community-based groups serving limited-English populations (ECHO partners), including but not limited to a fax-based system for relaying emergency information to community leaders (ECHO fax), and a phone-based

<p>system for providing emergency information in multiple languages (ECHO phone).</p>
<p>12. Work with MDH agency and program management to identify appropriate public spokespersons regarding pandemic influenza and other public health issues.</p>
<p>Specific to a pandemic</p>
<p>1. Monitor media stories, surveillance data from the MDH, CDC, and WHO, calls from the public, and information/feedback from LPH and other external partners, in order to identify new developments, emerging issues, public concerns, rumors, or misinformation requiring a public communications response (see Triggers).</p>
<p>2. Identify, develop, revise, adapt, and obtain appropriate approval for messages and materials (talking points, fact sheets, news release templates, web pages, etc.), addressing anticipated or emergent public concerns relating to pandemic influenza. Messages should include description of/rationale for public health activities and actions.</p>
<p>3. Develop mechanisms for rapid dissemination (during the pandemic period) of surveillance information and other key data (number and location of cases, location and number of deaths, and other data as appropriate) to MDH staff, external partners, the media, and the public. Vehicles will include, but are not limited to, posting of data to designated locations on the MDH WorkSpace and the MDH public website, as well as submission of data for inclusion in SEOC situation reports and briefings (when SEOC is active).</p>
<p>4. Provide backup staffing for the emergency coordinating center (ECC) PIO and lead public health PIO (SEOC) positions, as well as other critical MDH communications staff, using (subject in all cases to the availability of staff resources from those sources):</p> <ul style="list-style-type: none"> a. PIO staff from other state agencies b. Health educators and other MDH staff with public communications skills, and/or c. LPH communications staff
<p>5. Designate IDEPC content experts with authority to provide consultation regarding selection, development, revision, and adaptation of messages and materials, and rapid content approval of messages/materials prior to public release.</p>
<p>6. Obtain content approval from IDEPC content experts and command approval from MDH management, ECC manger (if ECC is active and SEOC is not active), or SEOC incident command (if SEOC is active) prior to release/dissemination of messages/materials to media or the public.</p>
<p>7. Develop and maintain a public website to provide ongoing information about potential or actual pandemic influenza issues and events.</p>
<p>8. Maintain library of prescribed messages/materials on pandemic influenza topics. Review or revise periodically, and in response to new information or emerging events.</p>
<p>9. Identify, develop, and adapt educational messages and materials on pandemic influenza topics, for the public and external partners.</p>

10. Subject to availability of resources, plan and conduct educational campaigns on pandemic influenza for the media and the public.
11. Designate IDEPC content experts to collaborate with OEP and communications staff on planning and implementation of public education activities relating to pandemic influenza.
12. Use appropriate communications vehicles to provide appropriate, targeted information to MDH staff and external partners who are playing a role in the pandemic response. Program staff (designated contacts) will assume primary responsibility for this function, using message coordination vehicles to ensure consistency of these targeted communications with public messages. Designated contacts will provide feedback to communications staff to facilitate modification/updating of message coordination vehicles (see Attachment H and I).
13. Use appropriate communications vehicles to keep MDH staff informed regarding emerging developments relating to the pandemic, and actions being taken in response, including the rationale for actions taken. This includes both general messages, designed to keep all MDH staff informed and targeted communication of critical information to staff directly involved in responding to the pandemic (see Attachment H and J).

Pandemic period

Many of the anticipated communications activities for the pandemic period (phase 6) will involve:

- Continuation of activities initiated during the interpandemic/pandemic alert period; or
- Application/activation/use of procedures and resources developed during the interpandemic/pandemic alert period.

Specific to a pandemic
1. Promptly initiate proactive communication with and through the media regarding major new developments or major recommendations regarding public health actions. Initial communication will likely take place within 60 minutes of an emergency declaration. Communication with and through the media will be frequent and ongoing throughout the duration of the pandemic event.
2. Ensure and coordinate the participation of designated spokespersons from the MDH and partner organizations in media briefings, interviews, and other media-based communication vehicles.
3. Monitor media stories, surveillance data from the MDH, CDC, and WHO, calls from the public, and information and feedback from LPH and other external partners, in order to identify emerging issues, public concerns/rumors, and misinformation requiring a public communications response.
4. Continue to identify, adapt, and develop messages and materials in response to new developments/emergent events, including public health response actions and activities.
5. Develop messages through consultation and collaboration between the communications staff and designated content experts. Messages and other materials must be approved by

<p>the content expert and MDH representative in SEOC (if SEOC is active), ECC manager (if ECC is active and SEOC is inactive), or MDH management (if neither SEOC or ECC is active).</p>
<p>6. As needed, in the absence of SEOC activation, coordinate the use of appropriate MDH vehicles to disseminate information to the public, including media briefings, news releases, and background materials for media, and the MDH public website.</p>
<p>7. When the SEOC is active in response to a pandemic, or events preceding or anticipating a pandemic, work through incident command structure to disseminate messages using SEOC vehicles, including but not limited to routine JIC briefings, news releases, SEOC web pages or SEOC links to MDH web pages, and the SEOC hotline. Coordinate use of MDH vehicles with use of SEOC vehicles.</p>
<p>8. As appropriate, activate formal arrangements with media organizations for routine handling of emergency information, including urgent information about individual protective actions and access to critical public health services. Vehicles may include bulletins, links from media websites, video scrolling, etc.</p>
<p>9. Use message coordination vehicles (standard messages/talking points, web pages, posting of materials to workspace/public communication page, HAN messages, targeted e-mail, informal phone contact) to ensure consistency of messages disseminated in response to or connection with emergent events, by MDH, LPH, healthcare providers, and other external partners.</p>
<p>10. Use ECHO vehicles to disseminate emergency and non-emergency information and messages to limited-English populations.</p>
<p>11. Use appropriate, targeted vehicles to provide appropriate, targeted information to MDH staff and external partners. Program staff (designated contacts) will assume primary responsibility for this function, using message coordination vehicles to ensure consistency with public/messages. Designated contacts will provide feedback to communications staff to facilitate modification/updating of message coordination vehicles (see Attachment H, I, and J).</p>

Roles and Responsibilities

State and local roles and responsibilities are identified below. Regional roles are also identified when applicable. This is not an exhaustive list. Furthermore, although roles and responsibilities are listed, the MDH recognizes that the infrastructure to support these planning efforts is evolving and may not yet be in place.

State			
	Roles and responsibilities	Coordinating entity	Explanation
PIO staffing	Designate lead public health PIO, ECC PIO and backups.	Primary MDH Communications Office Contributor MDH IDEPC MDH Health Educators Other MDH program areas	Communications office staff will have primary responsibility for staffing these positions. However, program staff and local public health may be used to provide backup for these roles, subject to availability of staff resources.
PIO staffing	Arrange for backup staffing to support MDH ECC PIO, lead public health PIO (SEOC), and other key communications staff, using (1) communications staff from other state agencies, (2) health educators and other MDH staff with identified communication skills, and/or (3) local public health PIOs/communicators from the metro region	Primary MDH Communications Office Contributor Communications staff from other state agencies. MDH Health Educators Other MDH program areas LPH communicators from metro region.	Any use of non-MDH personnel to back up MDH PIOs or communications staff <i>will only be undertaken subject to availability of staff resources</i> for this purpose.

State			
	Roles and responsibilities	Coordinating entity	Explanation
Public Information Coordination	When SEOC is active, coordinate use of the SEOC assets for dissemination of public health information to the media and public.	Primary Lead MDH SEOC PIO Backup MDH SEOC PIO Contributor MDH Communications Office	
Public Information Coordination	When SEOC is active, provide liaison to PIO in the SEOC and coordinate message development, message delivery, and overall message coordination activities in the MDH ECC.	Primary MDH ECC PIO Backup MDH ECC PIO Contributor MDH Communications Office	
Public Information Coordination	When MDH ECC is active, but the SEOC is not, work through the ECC to coordinate the use of MDH assets for dissemination of public health information, message development and overall message coordination.	Primary MDH ECC PIO Backup MDH ECC PIO Contributor MDH Communications Office	

State			
	Roles and responsibilities	Coordinating entity	Explanation
Public Information Coordination	When neither the SEOC nor MDH ECC is active, coordinate the use of MDH assets for dissemination of public health information, message development, and overall message coordination.	Primary MDH Communications Office Contributor MDH Health Educators Other MDH program areas	
Public Information Coordination	Obtain command approval from MDH management (if neither ECC or SEOC is active), ECC manager (if SEOC is not active), or state incident commander (if SEOC is active), Prior to releasing any messages or information.	Primary MDH Communications Office MDH ECC PIO (ECC active) Lead MDH SEOC PIO (SEOC active)	
Designation of content expert(s)	Designate content expert(s) and backup(s) to consult/collaborate with communications staff on message development, and provide content approval of messages. Content expert function will be housed in planning section of ECC when the ECC is active.	Primary MDH IDEPC Contributor MDH Communications Office	

State			
	Roles and responsibilities	Coordinating entity	Explanation
Dissemination of surveillance data	Develop and implement expedited mechanisms for rapid sharing of key surveillance data (number and location of cases, number and location of deaths, etc.) with external partners, media and the public.	Primary MDH IDEPC MDH PHL Contributor MDH OEP MDH Communications Office	Mechanisms may include posting to designated locations on MDH workspace and public website, and submission of data for inclusion in SEOC situation reports and briefings (SEOC active).
Media Liaison	Maintain strong relationships with media organizations in the state on an ongoing basis.	Primary MDH Communications Office Contributor MDH OEP HSEM Other MDH program areas	
Media Liaison	Develop/organize educational activities and materials for media on pandemic influenza (intepandemic/pandemic alert period.)	Primary MDH Communications Office Contributor MDH OEP HSEM Other MDH program areas	

State			
	Roles and responsibilities	Coordinating entity	Explanation
Media Liaison	Develop formal arrangements for dissemination of routine information to media during a pandemic and activate these arrangements as appropriate during a pandemic or other public health emergency.	Primary MDH Communications Office Contributor MDH OEP HSEM Other MDH program areas	This refers to “automatic” activation/use of media-controlled vehicles like routine announcements and bulletins, posting of items and links on media organizations’ websites, video scrolling, etc.
Media Liaison	Activate identified arrangements as appropriate during a pandemic.	Primary MDH Communications Office Contributor MDH OEP HSEM Other MDH program areas	
Informational monitoring	Monitor media reports and other sources of information on an ongoing basis, during all phases of a pandemic, to identify new developments, emerging issues and concerns, rumors and misinformation, etc., so effective public messages and materials can be developed and disseminated in response.	Primary MDH Communications Office MDH ECC PIO (ECC active) Lead MDH SEOC PIO (SEOC active) Contributor LPH Other external partners MDH IDEPC MDH OEP Hotline staff	Two-way communication with all parties involved in communicating about a pandemic is essential. Intelligence about the informational environment is needed for revision/ updating of messages, materials, standard talking points, etc.

State			
	Roles and responsibilities	Coordinating entity	Explanation
Message development	Identify, develop, adapt and archive key prescribed messages relating to pandemic flu, during the interpandemic/pandemic alert period. Coordinate development with and obtain necessary approvals from program staff (content experts).	Primary MDH Communications Office Contributor MDH IDEPC	
Message development	Develop and adapt messages in response to emerging events, public concerns, rumors & misinformation, etc. Coordinate with and obtain approvals from program staff/content expert.	Primary MDH Communications Office Contributor MDH IDEPC	
Message development	Coordinate all message development with- and obtain the necessary content approval from – designated program staff (content experts)	Primary MDH Communications Office Contributor MDH IDEPC	
Message delivery	Develop and maintain essential tools and vehicles for delivery of messages and materials to media and the public, including contact lists, briefing venues, broadcast fax & GovDelivery list for deliver of news releases, public website, hotline (see Attachment G).	Primary MDH Communications Office MDH OEP Hotline staff Contributor MDH OEP MDH IDEPC	

State			
	Roles and responsibilities	Coordinating entity	Explanation
Message delivery	Develop and maintain communications office “go kit” of essential materials and resources, to be stored on communications office laptops.	Primary MDH Communications Office	
Message coordination	Develop, maintain, and test appropriate vehicles for coordination of public messages with local public health and other external partners.	Primary MDH Communications Office Contributor MDH OEP	
Message coordination	During all phases of a pandemic, disseminate or provide access to message coordination vehicles (talking points, fact sheets, q&a documents, etc.) to all MDH and partner agency/organization staff with responsibility for public communication, including “points of contact” for internal/partner communication (see Attachment G).	Primary MDH Communications Office MDH ECC PIO (ECC active) Contributor MDH OEP	Message coordination vehicles may include standard talking points, MDH workspace/public communication page, public website postings, and e-mail. Talking points will be revised and updated on an ongoing basis, in response to emerging events, media coverage, feedback from MDH staff and external partners, etc.

State			
	Roles and responsibilities	Coordinating entity	Explanation
Internal communication	Keep MDH staff informed of developments and actions taken regarding an ongoing public health emergency, including an anticipated or actual pandemic. Includes both targeted communication for staff directly involved in responding to the emergency, and general information for those who are not playing a direct role in the response.	<p>Primary MDH Communications Office MDH IDEPC</p> <p>Contributor MDH OEP</p>	Includes development and use of appropriate vehicles, including but not limited to intranet postings, mass e-mail, face-to-face briefings, and informal consultation.
External/partner communication	Provide timely, targeted information and consultation to key external partners regarding an actual or anticipated pandemic, including but not limited to infection control, clinical issues, PPE, antivirals, medical surge capacity, community containment measures, isolation and quarantine, and potential human disease threats associated with infected wild and domesticated animal species.	<p>Primary Partner communication contacts (see Attachment E)</p> <p>Contributor MDH OEP MDH Communications Office</p>	Targeted audiences include other state agencies, local public safety agencies, HSEM, governor's office, local public health, physicians, nurse practitioners, infection control practitioners, EMS/emergency medicine, other health care providers, MAC, RHRC, PHPC, legal contacts. Vehicles include e-mail, fax, HAN messages, internet vehicles, memoranda, etc. (see Attachment G).

Local			
	Roles and responsibilities	Coordinating entity	Explanation
Information Dissemination	Disseminate messages and information relating to pandemic influenza, consistent with demands and resources of local media markets, availability of local communication staffing and resources, and level of effort contemplated in local emergency response communication plans	Primary LPH communicators Local emergency management Communicators for hospitals, clinics, business organizations, other external partners. Contributor MDH communications MDH ECC	
Information Dissemination	Develop relationships with local media and include media in communications planning (interpandemic/pandemic alert period) as appropriate.	Primary LPH Hospitals Clinics Local businesses Other external partners Contributor MDH Communications Office	Mechanisms may include standard media relations tools (news releases, briefings, etc), hotlines, and other vehicles. Ensure consistency of messages with standard talking points and other guidance from MDH

Local			
	Roles and responsibilities	Coordinating entity	Explanation
Message Coordination	Ensure consistency of messages with standard talking points and other guidance (message coordination vehicles) provided by the MDH.	Primary LPH Hospitals Clinics Local businesses Other external partners Contributor MDH Communications Office MDH ECC PIO MDH SEOC PIO	
Communication feedback	Provide MDH ECC and the MDH communications staff with available information about local media coverage, local or organization-specific concerns, prevalent rumors or misinformation, content of calls from the public, gaps or problems with standard talking points and other message guidance from the MDH, and other information that can be used in revising or updating communication guidance.	Primary LPH Hospitals Clinics Local businesses Other external partners Contributor MDH Communications Office MDH ECC PIO MDH SEOC PIO	
PIO staffing	Provide backup staffing for MDH communication staff, public health PIO roles in ECC/SEOC, using staff provided by LPH or partner agencies organizations.	Primary Metro region LPH PIOs Communication staff from other state agencies Other partner agencies/organizations	<i>Only subject to availability of local or partner communication staff resources for this purpose.</i>

Local			
	Roles and responsibilities	Coordinating entity	Explanation
Education	Design, disseminate and conduct educational materials and activities on avian/pandemic influenza for external partners, media, interested stakeholder groups and organizations, and the general public (interpandemic/pandemic alert period).	Primary LPH PHPC Contributor MDH OEP MDH Communications Office MDH IDEPC MDH PHL	
Message development	Provide input to MDH Communication Office, MDH ECC PIO, and Lead MDH SEOC PIO for use in development of public messages during all phases.	Primary LPH Other partner agencies/organizations Contributor Other MDH communications staff	

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Local			
	Roles and responsibilities	Coordinating entity	Explanation
Message delivery	Develop and use effective mechanisms for timely delivery of information and recommendations to limited English populations during actual or anticipated pandemic.	Primary LPH ECHO collaborative Contributor MDH OEP MDH Communications Office	ECHO collaborative includes LPH, representatives of limited English population communities, MDH, other state agencies. Vehicles maintained or under development by ECHO include monthly public TV show in six non-English languages, special broadcasts on public TV during an emergency, partnering arrangements with community groups for message delivery, fax-based rapid notification system, and phone-based emergency information system.

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