# EXHIBIT 11

**From:** Murphy, Ryan (OS/ASPA)
**Sent:** 9 Jan 2020 22:50:54 +0000
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**Cc:** OS - ASPA
**Subject:** ASPA Playbook
**Attachments:** ASPA Playbook 01032020 DRAFT.docx

Good Afternoon – I hope everyone is having a great start to the New Year. Please find attached the latest version of the ASPA playbook which is designed as a guide to help foster intradepartmental visibility and coordination of major announcements and media inquiries.

The playbook is a living document that will continue to improve as new information becomes available and suggestions are made. We greatly appreciate the feedback provided on the previous version.

As we move towards a "digital first" environment, this is the last time we plan to circulate the updated playbook as a word document. We are already working to make the next version an interactive tool on the intranet.

Thank you all for your ongoing collaboration. Please let us know if you have any questions.

- Ryan

# Office of the Assistant Secretary for Public Affairs Playbook

**January 2020**

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## Overview

The Office of the Assistant Secretary for Public Affairs (ASPA) builds and maintains relationships with the public through multiple communications channels including the news media, websites, broadcast, social media, journals, speeches, meetings/events, and the Freedom of Information Act (FOIA). The information communicated supports leadership and program priorities and represents a comprehensive view of the Department.

To foster intra-departmental visibility and coordination of messaging for major announcements, ASPA in collaboration with agency/office communications leadership developed the following criteria for communication and public affairs officials to use to determine when to send information to ASPA for review.

- Is it **Newsworthy?** - e.g., this issue has received coverage from major news outlets, is generating traffic in social media, you plan to promote widely to the press, there is significant reporter interest in the issue.
- Does it contain **New Information?** - e.g., a change in policy, a substantial new research finding or development, a new campaign or program.
- Is the subject/content **Controversial?** - e.g., has received interest from Congress, subject of investigations, issue raised significant criticism by advocacy groups or associations, involves pending legislation or litigation, has received widespread or critical media attention.
- Is it a **Public Education Campaign?** e.g., a coordinated set of materials designed to inform or persuade an audience to take action and/or adapt a behavior about a specific public health/human services issue e.g. AdoptUSKids, The Real Cost, Civil Rights Protections.
- Does it relate to **Administration, Secretarial priorities?** i.e., the opioids crisis, health insurance reform, drug pricing, and value-based care.

NOTE: The criteria for ASPA review applies to the information being released, not the mechanism used – videos, speeches, social media, blogs, op-eds, etc. - for release.

ASPA uses the following organizational structures, processes, tools and templates to manage day-to-day communications activities.

## Portfolios

ASPA uses three policy portfolios to organize and align public affairs work.

### Public Health

The Public Health team works with the Centers for Disease Control and Prevention, Agency for Toxic Substances and Disease Registry, U.S. Food and Drug Administration, National Institutes for Health, Office of Global Affairs, Office of the Assistant Secretary for Emergency Preparedness and Response, and Assistant Secretary for Planning and Evaluation/Public Health issues and offices of the Assistant Secretary for Health and the Surgeon General on initiatives and strategies to promote public health, improve health outcomes, prevent disease and outbreak, and accelerate scientific discovery.

### Healthcare

The Healthcare team works to advance a healthcare system that delivers high-quality, affordable care to all Americans. The team works with the Agency for Healthcare Research and Quality, Office of the National Coordinator for Health Information Technology, Health Resources and Services Administration, Centers for Medicare & Medicaid Services, and Assistant Secretary for Planning and Evaluation/Health Care issues to improve access, quality, safety, efficiency and effectiveness of the nation's healthcare.

### Human Services

The Human Services team helps Americans of all ages and backgrounds live full, productive lives: kids getting a "Head Start" through early childhood education, families transitioning out of poverty to economic independence, teens and adults recovering from mental illness and addiction, and seniors participating in communities that value their contributions. These and other human service programs are carried out by the Administration for Children and Families, Administration for Community Living, Indian Health Service, Office for Civil Rights, Substance Abuse and Mental Health Services Administration, Office of the Chief Technology Officer, Center for Faith-Based and Neighborhood Partnerships, Office of the Chief Information Officer and Assistant Secretary for Planning and Evaluation/Human Services issues.

## Portfolio Team Responsibilities

Portfolio team members and their respective deputy assistant secretary for public affairs:

- Work with agencies and offices to forecast strategic priority and other announcements during the upcoming three-month period.
- Coordinate the development of rollout plans for priority announcements in the nearer term -- one to two weeks out from the date they become public.
- Coordinate review of news media requests and communications materials.

- Coordinate ASPA review of policy documents, such as Secretarial correspondence, Reports to Congress, Rulemaking and guidance circulated by the HHS Executive Secretariat.
- Work with agencies and offices to ensure communication plans, including press materials align with Administration, HHS and agency priorities, and have well-defined target audiences, clear goals, and measurable outcomes.
- Coordinate the creation and development of web content.
- Work with social media and digital communication leads on coordinating announcements on a weekly and daily basis.
- Coordinate digital strategy based on public release date of content.
- Share strategic priority announcements with the HHS Digital Community.
- Coordinate the development and dissemination of videos and live streams with the HHS-TV Studio Team.

## Speechwriting

The speechwriting and editorial team writes, edits and reviews speeches, quotes, talking points, commentaries, and op-eds; the team also contributes background materials and Q&A documents for the Secretary and Deputy Secretary. It also assists with messaging for other department principals and composes blogs by various authors.

These materials are reviewed by ASPA, the Immediate Office of the Secretary, the Office of General Counsel, and relevant agencies/offices.

## Broadcast & Video Production

The HHS Studio and Video Production Services Team provides a wide range of communication services including:

- Creative and cost-effective solutions to deliver messages anywhere, anytime, and to any device.
- Broadcast capabilities include HD equipment; satellite and fiber transmission.
- Live streaming, on-demand and fully produced videos.
- Support for Federal Advisory Committee Meetings – streaming and AV services.
- Productions from the Studio, Auditorium, Great Hall and anywhere in the field.
- Support to all Agencies and Offices.

For more information about Broadcast and video production services go to - http://hhs.tv/downloads

## ASPA Digital Service Desk for Web-related Requests

The ASPA Digital Service Desk is for website-related tasks and questions for HHS.gov, the HHS Intranet, and other ASPA Digital-managed websites. Staff across the department with accounts are able to submit content and other website requests into this tool. Members of the ASPA Digital team work with offices on the requests. The tool allows for easy tracking of where requests are at within the process and allows for all involved to comment, collaborate and receive notifications.

## Social Media

The ASPA Digital Engagement team manages various Department-level, secretarial and topic-oriented social media channels. In addition to managing content on those accounts, the team also provides guidance and support for social media campaigns in Agencies/Offices interested in extending their reach.

## The Strategic Communications Planning (SCP) Tool

The Strategic Communications Planning (SCP) Tool is a Web-based application (**https://stratcomm.hhs.gov**) that supports the development of strategic communication plans to impact a targeted external audience(s) in a measured way and is to be used for submitting the plan and materials to ASPA for review and coordination.

The SCP tool applies to content --digital and print -- (e.g., brochures, new websites and subsites, social media campaigns, reports, videos, toolkits, and public education public service campaigns, including their social media and digital components for promotion).

The tool is intended to help ensure content aligns with HHS performance goals, objectives and measures; has a well-defined target audience; and has measurable outcomes. It also allows for sharing and comparing strategies and outcomes, as well as helps facilitate collaboration throughout HHS, expedite review, and track progress.

Please contact SCPHelpDesk@hhs.gov to obtain access to the SCP tool or for assistance. For more information about the SCP Process, see *Guidance Regarding Strategic Communication Planning for the Development of Content for Digital and Print Dissemination* (Appendix III).

## Collecting Routine Customer Feedback on HHS Communication Products

Part of strategic planning for communication products includes understanding the audience and measuring the impact of the effort. ASPA has obtained Office of Management and Budget





(OMB) approval under the Paperwork Reduction Act (PRA) for a generic clearance that allows for fast track collection of qualitative feedback on HHS communication products.

HHS agencies can use this Generic Clearance to collect information about their communication product from the concept phase to the end of the product life cycle. Keeping in line with the department's mission to enhance the health and well-being of all Americans, obtaining feedback through this process will help ensure HHS communication products meet the needs of the audience; use effective media for delivering messages to audiences; and motivate the desired change within the audience and achieve expected impact.

For more information about using the Generic Clearance contact SCPHelpDesk@hhs.gov and see *Guidance for ASPA's Generic Clearance for Collecting Routine Customer Feedback of HHS Communications* (Appendix IV).

## Executive Secretariat Secretary's Policy System (SPS) Clearance

ASPA reviews departmental regulations, correspondences to the Secretary, reports to Congress, informational memos, and related policy documents assigned to divisions for clearance.

## Advance Planning/Calendar

As soon as an agency/office begins to plan for the public release of information that may generate press, legislative, intergovernmental and/or constituency interests, it should be added to the ASPA planning tracker in ASANA, which is a web and mobile application ASPA uses to organize, track, and manage strategic communications activities. This tool allows ASPA to assess external-facing communications activities and align these activities with defined priorities. ASPA portfolio teams collect and enter the information from agencies, offices and other department sources into ASANA. The teams are responsible for keeping the ASANA up-to-date. The ASPA Digital team uses ASANA to plan, prioritize and communicate on department social media channels.

## FOIA (Freedom of Information Act)

The Freedom of Information Act (FOIA) is a federal statute that allows individuals to request access to federal agency records, except to the extent records are claimed as exempt from disclosure under one or more of the nine (9) exemptions of the Freedom of Information Act. If you have any questions or concerns regarding FOIA, please feel free to send an email to HHS.ACFO@hhs.gov.

## ASPA Contacts

**Acting Assistant Secretary for Public Affairs**
Ryan Murphy

**National Spokesperson and Senior Advisor**
Caitlin Oakley

**Strategic Communications & Campaigns**
Michael Pratt, director

**Speechwriting and Editorial Services**
Patrick Brennan, director

**Public Health Portfolio**

Bill Hall – Deputy Assistant Secretary for Public Affairs/Public Health
Michael Robinson – Public Health Portfolio Team (Human Services Back Up)
Andrew Palczewski and Janell Muhammad – Digital Engagement Leads
Katie Messner - Digital Website Lead
ASPR—Assistant Secretary for Preparedness and Response
CDC—Centers for Disease Control and Prevention
FDA—Food and Drug Administration
NIH—National Institutes of Health
OASH—Office of Assistant Secretary for Health/Surgeon General
OGA—Assistant Secretary for Global Affairs
ASPE/Public Health Portfolio – Assistant Secretary for Planning and Evaluation

**Healthcare Portfolio**

Ryan Murphy – Principal Deputy Assistant Secretary for Public Affairs
Tasha Bradley – Healthcare Portfolio Team
Simone Myrie – Healthcare Portfolio Team
Brittany Glauser–Digital Engagement Lead
Lauren Sundquist – Digital Website Lead
CMS—Center for Medicare & Medicaid Services
ACA—Affordable Care Act
AHRQ—Agency for Healthcare Research & Quality
ONC—Office of National Coordinator of Health IT
HRSA—Health Resources & Services Administration
ASPE/Healthcare Portfolio – Assistant Secretary for Planning and Evaluation





**Human Services Portfolio**

Mark Weber – Deputy Assistant Secretary for Public Affairs/Human Services
Carla Daniels – Human Services Portfolio Team (Public Health Back Up)
Brittany Glauser –Digital Engagement Lead
Kelley Smith – Digital Website Lead
ACF—Administration for Children & Families
ACL—Administration on Community Living
IHS—Indian Health Service
OCR—Office of Civil Rights
OMHA – Office of Medicare Hearings and Appeals
SAMHSA—Substance Abuse and Mental Health Services Administration
ASPE/Human Services Portfolio – Assistant Secretary for Planning and Evaluation
OS Staff Divs (e.g. ASPA, ASFR, ASA, PSC, CFBNP, IEA, ASL etc.)

**Strategic Communications Planning Tool**
Gloria Barnes

**Broadcast & Video Production**
Michael Wilker

**HHS TV Studio Manager**
Sam Nix

**Executive Secretariat Secretary's Policy System (SPS) Clearance**
Paula Formosa

**Social Media, Content Marketing & Websites**
Dan Kuhns

**Technical Operations**
Leticia Kursar

**Digital Analytics & Portfolio Management**
Lindsey Ross

**Internal Digital Communications (Intranet)**
Brooke Dine

**Freedom of Information Act (FOIA) Division**
Michael Marquis

## Materials Review and Coordination Process

ASPA reviews agency/office materials (e.g. press releases, media advisories, statements, speeches, blogs and op-eds [see page X for separate discussion of op-eds], letters to the editor, etc.) and coordinates the timing of the release with the agency/office.

Upon receipt, ASPA circulates the materials with relevant subject matter experts, policy leads, finance, legislative and intergovernmental contacts and general counsel to confirm materials are accurate, well-written, up-to-date and representative of the position of the Administration and Department. Materials are revised based on feedback provided through this process before public release.

NOTE: At times agencies may have close-hold information due to their specific duties/oversight (confidential commercial information, market sensitive information, law enforcement actions, etc.) when either broad clearance is not necessary/appropriate. In these cases, materials are at minimum shared in advance with the ASPA and principal deputy.

The ASPA review and coordination process has four primary distribution lists (summarized below).

- ASPA – IOS, ONC, ASPE, ASPA, ASL, IEA, OGC, OS, ASFR.
  *(POCs for this distribution list are: Michael Robinson, Carla Daniels, Paula Formoso, Simone Myrie)*
- Healthcare – This distribution list reaches the following offices: IOS, IEA, ASPE, CMS [OC; CCIIO; OSORA; OMH], OCR, AHRQ, ASL, OHR, ONC, IHS, HRSA, ASPA, OASH.
  *(POCs for this distribution list: Simone Myrie)*
- Public Health – This distribution list reaches the following offices: ASPE, OASH, ASL, CDC, NIH, IHS, ASPR, SAMHSA, FDA, IOS, IEA and Global Affairs.
  *(POC for this distribution list: Michael Robinson.)*
- Human Services – This distribution list reaches the following offices: IHS, ACF, ASL, IEA, OCR, SAMHSA, IOS, ASPE. *(POC for this distribution: Carla Daniels and Paula Formoso.)*

The ASPA list is used by default on all press materials as staff from the legal and legislative divisions are on this list. The Healthcare, Public Health, and Human Services lists are included in the review depending on the issue. For instance, there may be a press release being issued from CDC about an increase in health insurance coverage. Since CDC is part of the public health portfolio, this release would be sent to the Public Health list. However, since it is also discussing healthcare, this release would also be sent to the Health Care list. The lists are divided so that every agency/office is not inundated with press materials that have no bearing on their agency/office. ASPA team members (as divided by portfolios and in consultation with ASPA leadership) make the determination how and when materials should be sent to specific distribution lists.

## Deadlines

To meet a desired agency/office deadline for distribution, materials must be submitted with enough time in advance to allow for appropriate review and coordination. While expedited review and coordination may be necessary, a 48-hour lead time is requested for most materials.

## Submitting Materials for Review and Coordination

***Q. How do I submit a press release or other communications materials for review?***

Submit an email with the completed template (see Appendix 1) and the materials intended for review (video scripts, live even plans, speeches, releases, advisories, statements, blogs, fact sheets, etc.) to releases@hhs.gov.

**Please do not put the documents on letterhead of any kind. This helps remind reviewers that the material is in draft form.**

***Q. What if I have an urgent document that needs an expedited review, or if I have to submit something after hours?***

As soon as you become aware that an urgent press document is in the works, please alert your ASPA portfolio team, their respective deputy assistant secretary for public affairs and Engagement@hhs.gov. Do not wait until you have the document. An early alert allows us to notify reviewers and the Digital team in advance to be watching for a rush review and prepare for web, email and social media posting.

Once the agency/office public affairs office receives the document that needs a rush review, follow the same steps outlined above for submitting the document(s).

**Q. How do I submit a Service Desk request?**

The ASPA Digital Service Desk instructions are available on the Intranet.

**Q. What if I need to refer a reporter to ASPA?**

Please refer reporters who are interested in contacting ASPA to media@hhs.gov or the appropriate ASPA public affairs team members.

## Review and Coordination Process and Timing

After you submit materials for review and coordination, the relevant ASPA portfolio team will:

- Review the Template and draft material.
- Assign a tracking number and enter it into a tracking database.
- Add to ASANA as necessary.
- Send to appropriate agencies and offices for review with deadline.
- Return edits to the submitting agency or office by deadline to update per comments and recommended edits.
- Once submitting agency or office returns the update to ASPA, the portfolio team will review reconciled documents and approve as final.
- Facilitate additional review (sometimes the EOP or collaborating government agencies) as necessary.

**Figure 1: Process and Timing Overview**

| | |
|---|---|
| Agency/Office Approval | Occurs prior to ASPA review |
| ASPA Review | 24 - 48 hours |
| Submitter Reconciles | 6-12 hours |
| IF additional Review Needed | 48 hours |
| Submitter Fact Check | 6-12 hours |
| ASPA Final Review and Approval | 2 hours |
| Submitted to ASPA Digital Service Desk for Drafting Web Posting | **1 hour (ASAP/urgent)**<br>**2+ hours (non-urgent)** |
| Ready for Rollout | |

## Op-ed Review and Coordination Process

In addition to ASPA review, all op-eds required EOP review. This involves a two-step process:

1) Submitting a concept for review and approval.

2) Upon approval of the concept, submitting the draft op-ed for review.

Concept review and approval:

Submit a detailed concept for the proposed op-ed to your ASPA POC. The concept should include –

- The topic and summary of the content of the op-ed.
- Why the message is relevant and how it fits into the overall communications strategy.
- The proposed author of the op-ed.
- Proposed target publication and target date for publication (if applicable) and any other information appropriate/valuable for reviewers.

ASPA will submit the concept to the EOP.

Op-ed review and approval:

Upon approval of the concept by the EOP, your ASPA POC will communicate that you have the go-ahead to draft the op-ed. The draft op-ed is then to be submitted to your ASPA POC for Departmental review; upon completion of this process, comments and suggested edits will be provided to you for consideration and reconciliation. At this point, resubmit the op-ed to your ASPA POC and ASPA will submit the op-ed to the EOP for review.

Please do not pitch op-eds before receiving final approval from ASPA.

## Rollout Planning

Each portfolio team will work with their respective deputy assistant secretary for public affairs and agency/office to develop or review rollout plans for high-priority announcements. Rollout planning is done to facilitate well-thought-out release of information to interested audiences.

Every rollout plan has multiple components. The goal of rollout planning is to outline roles and agree upon timing for each piece.

The rollout planning process will include:

- Step 1 - Develop a **Rollout Plan** (see template in Appendix I).
- Step 2 - Convene a **Rollout Call** as needed to go over the plan.
- Step 3 - Send a **Rollout Heads Up** the night before the announcement with the rollout plan.
- Step 4 – Send an internal **Rollout GO** with links to any materials when the announcement becomes public.

Not all announcements rise to the level of a "rollout." As such, the relevant portfolio team works with the agency/office to build a clear understanding of their high-level announcements and strategic priorities. Examples of announcements that would likely be treated as high priority include, but are not limited to:

- Announcements involving the Administration or Secretary.
- Announcements that fall under a Secretarial priority (i.e., the opioids crisis, health insurance reform, drug pricing, and value-based care).
- Announcements that cut across multiple agencies or portfolios.
- Announcements that will garner significant press/public attention.

## Materials Distribution Process

The respective deputy assistant secretary for public affairs or the relevant portfolio team provides final approval for all materials prior to distribution.

**News releases** are distributed through:

- Customized media management database system (can include HHS core, national and state media lists) (ASPA currently uses Cision).
- HHS News website (www.hhs.gov/news) and may be linked to or cross-posted on other related newsrooms (i.e. OASH Newsroom).
- HHS News Email List: This goes to individuals who have signed up on HHS.gov to receive news alerts (ASPA sends this through Salesforce).
- Social media: The portfolio team lead in coordination with the ASPA Engagement Team, should strategically determine what elements within a Digital First communications plan should be utilized for distribution of communications materials.

**Media advisories** are distributed through:

- Customized media management database system (can include HHS core, national and state media lists) (ASPA currently uses Cision).
- If requested, posted on @hhsmedia Twitter account.

**Other materials** such as fact sheets, statements, etc., may be distributed through one or more of these methods as appropriate. By default, they are posted in digital-first formats, such as HTML.

## Appendix I: Templates

### Press Document Submission Template

Use the Press Document submission template to submit all press releases and other relevant materials associated with media announcement. The information is required to more quickly review and coordinate the product release.

### ASPA Review and Coordination Template

Agency/Office: *[e.g. NIH]*

Subject (or headline):

Materials *[Example below]*

- Press release
- Internal QA
- Blog
- [Other related web posting]
- Social Media
- Video

Deadline for comments: [ASPA use only]

Planned release date and time:

Driving event (Publication Date, Testimony, etc.):

Critical Context:

**HHS.gov Press Release Submission Template**

The following template should be used to submit press releases for publication on HHS.gov/news via the ASPA Digital Service Desk. If you're supplying a photo, please have a release from any non-HHS subjects. If you have questions, please reach out to your ASPA portfolio team lead.

**SUBJECT LINE:** [FOR HHS.GOV NEWS] Press Release title/for XX date & time

**Attach this document or copy/paste the information below:**

| Field Title | Required | Content & Metadata |
|---|---|---|
| Title<br>*Headline of the news release. Will be used as the H1 on the page and for social sharing. It will also be in the breadcrumb and browser title. (Recommended length <65 characters, including spaces.)* | X | |
| Subheadline<br>*Subheadline of the news release, expanding on the information in the headline, if needed.* | | |
| Date Published<br>*Official date of the news release displayed at the top of the page.* | X | |
| Contact Office<br>*Press office releasing this news release. The default is "HHS Press Office."* | X | |
| Contact Office Phone Number<br>*Press office phone number. The default is "202-690-6343."* | X | |
| Contact Office Email Address<br>*Press office email address. The default is media@hhs.gov.* | | |
| Description<br>*Copy the first sentence of the news release into this field. Used for social media and search. Shown on News homepage for 5 most recent releases.* | X | |
| Statement<br>*Enter "Yes" if this news release is a statement by the Secretary or another HHS official.* | | |
| Topic Category | X | |

| | | |
|---|---|---|
| *Select 1-2 categories from the "HHS Categories" list to represent the 1-2 main topics covered. Related content is shown based on these categories.* | | |
| Audience<br>*Choose the main target audience from the "HHS Audiences" list. This information will not be shown to site visitors. For news releases, the default is "Media/Journalists."* | X | |
| HHS Official<br>*List the official(s) from http://www.hhs.gov/about/leadership/index.html mentioned in this news release to associate the release with their name.* | | |
| "Tweet This" Custom Tweet<br>*The tweet is limited to 140 characters including a short URL and "via @HHSgov" – this leaves approx. 106-111 characters for the tweet content.* | | |
| Image Alt Text | If images are included | |
| Image Caption(s) | | |
| Last Reviewed<br>*The date this news release was most recently reviewed and/or updated. This information is used for the page stamp.* | X | |
| Created By<br>*The office responsible for maintaining this content on HHS.gov (e.g., News Division). This information is used for the page stamp.* | X | |

**HHS.gov Blog Submission Template**

The following template should be used to submit blogs to for ASPA review for potential publication on HHS.gov/blog. If you're supplying a photo, please have a release from any non-HHS subjects. If you have questions, please reach out to your ASPA portfolio team lead.

**TO:** ASPA Engagement Team – Engagement@hhs.gov

**SUBJECT LINE:** [FOR HHS.GOV BLOG] Blog title/for XX date and time

**Attach this document or copy/paste the information below:**

| Field Title | Required | Content & Metadata |
|---|---|---|
| Title<br>*Enter a short title for the blog post. Limited to 65 characters including spaces. This will be used as the browser title, breadcrumb, and for social media sharing.* | X | |
| Full Title<br>*Enter the full title of the blog post.* | | |
| Description & Summary<br>*Limit to 160 characters including spaces.* | X | |
| Author<br>Provide full author info for any individuals who have not already contributed to the HHS Blog, otherwise name only. | X | First Name:<br>Last Name:<br>Title & Organization: |
| Co-Author<br>Provide full co-author info for any individuals who have not already contributed to the HHS Blog, otherwise name only. | | First Name:<br>Last Name:<br>Title & Organization: |
| Date<br>*Enter the date for intended posting of blog.* | X | |
| Blog Category(s)<br>*Select 1-2 categories from the HHS Blog Categories list. Related content is shown based on these categories.* | X | |
| Blog Tags<br>*Please enter relevant topic tags for the* | | |

| | | |
|---|---|---|
| *blog. View a full list of HHS blog tags.* | | |
| Review Process<br>*Provide a brief description as to what the review process was prior to submitting to ASPA.* | X | |
| Publishing Agency<br>*ACF, FDA, NIH, etc. Defaults to HHS Office of the Secretary for original HHS Blog posts.* | | |
| "Tweet This" Custom Tweet<br>*Please provide a custom tweet to share the blog. The tweet is limited to 140 characters including a short URL and "via @HHSgov" – this leaves approx. 106-111 characters for the tweet content.* | | |
| Image Attachments<br>*Please attach images or relevant multimedia that should be included in the blog. Please specify where in the blog it should be included.* | | |
| Alternative Text<br>*Please provide appropriate alternative text that describes the image for all images/graphics that are included with the blog submission.* | If images are included | |
| Image Caption(s)<br>*Please provide appropriate captions for all images that are included with the blog submission that need a caption for understanding* | If images are included | . |

***Below, please enter the blog post body content and insert placeholders for any in-body images where you would like them to appear on the live blog.***

*[PLACEHOLDER – insert body content]*

***Below, please share suggested social media content to accompany blog – including sample tweets, posts, related social media handles, or specific HHS agencies or offices you would like to share the blog with when the blog is published.***

*[PLACEHOLDER – insert social media content and details]*

## Op-Ed Concept Submission Template

Use the Op-Ed concept submission template to submit all concepts for consideration before drafting the Op-Ed. The information requested is required to more quickly review and coordinate the product release.

**ASPA Op-Ed Concept Template**

Agency/Office: *[e.g. NIH]*

**Topic:**
**Summary:**
**Proposed Author:**
**Material: Op-ed**
**Planned release date:**
**Audience:** Why the message is relevant and how it fits into the overall communications strategy.
**Target Outlet:**
**Driver:** **Information appropriate/valuable for reviewers.**
**Goal:**

## Rollout Plan Template

Title:
Target Rollout Date:
Topic:
Background/Key Messages:
Primary Target Audience (s):

**High-level Tick Tock**

| | |
|---|---|
| TBD | Hill outreach |
| TBD | Stakeholder outreach |
| TBD | Event or call |
| TBD | Materials go public |
| TBD | Post rollout activities |

**Materials and Timing**

| Y/N | Material | Timing (Day, Date, Time) | URL(s)/ Account(s) | POC(s) |
|---|---|---|---|---|
| | Website content | | | |
| | Press release/ Announcement | | | |
| | Billboard/features | | | |
| | Blog (include author) | | | |
| | Content pages | | | |
| | Social Media | | | |
| | Twitter | | | |
| | Facebook | | | |
| | Instagram | | | |
| | Snapchat | | | |
| | Video/Live Event | | | |
| | Live streaming (web, social) | | | |
| | YouTube | | | |
| | Social media video | | | |
| | Email Marketing | | | |
| | Internal | | | |
| | External | | | |
| | Partner Outreach | | | |
| | Intergovernmental and External Stakeholders/Partners | | | |
| | Internal QA | | | |
| | Hill Outreach | | | |
| | HHS Digital Digest (goes to HHS social media contacts) | | | |
| | Legislative affairs | | | |

**Primary Points of Contact**

HHS/ASPA –
HHS/ASL –
HHS/IEA –
HHS/ASFR –
Agency/Communications –
Agency/Legislation –
Agency/Policy –

**Any Risks? Is language pre-cleared and cannot change? Any nuances to be aware of with imagery?**

## Media Interview Request Template

Submit interview requests to interviews@hhs.gov (a minimum of two hours for review is requested, unless urgent). ASPA expects interview requests to be approved, in final, by the agency head, or his or her surrogate, prior to submitting the request to ASPA for review/approval.

Along with proposed responses for interview queries, be sure to provide details about the outlet, the writer, and a sense of how the information requested will be used as well as when and how it will publish or air. Please include deadlines and do not submit requests with past-due deadlines; work to confirm the next deadline if your initial deadline has passed.

In extremely tight deadline situations, please call either the portfolio team point of contact or respective deputy assistant secretary for public affairs for verbal review/approval if necessary. However, if approval is provided verbally, the request still must be submitted via the e-mail process for tracking purposes; please note in the submission that the interview was previous approved

**Please do not pre-arrange interviews before receiving ASPA approval. Also, do not pitch news, blogs and op-eds before receiving ASPA approval.**

**********
ASPA Media Interview Request Template
**********

Reporter:
Organization:
Phone #(s):
Twitter Handle or other official social media handles/branded hashtags:
*Reporter and/or media outlet*
Subject:
Deadline:
Spokesperson:
Additional information/Driver for request:
(This should include information on what the outlet is asking, and a sense of what is proposed as a response. This section could also include special instructions or questions from the OPDIV to ASPA staff; seeking blanket clearance; etc.)

## Press Release Template

**NOTE: ASPA follows AP style for all press documents.**

**News Release**

U.S. Department of Health & Human Services

202-690-6343
media@hhs.gov
www.hhs.gov/news
Twitter @SpoxHHS @HHSgov

**FOR IMMEDIATE RELEASE**
Day, Month/Date, Year

**HEADLINE**

[TEXT]

[TEXT]

[TEXT]

To learn more about today's announcement and how to apply, please contact [INSERT CONTACT EMAIL].

For more information on the Quality Payment Program, please visit: [INSERT URL]

###

Connect with HHS and sign up for HHS email updates.

Connect with HHS Secretary Alex Azar

## Media Advisory Template

**Media Advisory**

U.S. Department of Health & Human Services

202-690-6343
media@hhs.gov
www.hhs.gov/news
Twitter @SpoxHHS @HHSgov

**FOR PLANNING PURPOSES ONLY**

**FOR Day, Month/Date, Year**

**HEADLINE**

[WHAT - SUMMARY TEXT - Brief description and/or special instructions]

**WHO:** [Name, Title, Agency]

**WHEN:** [Time AM/PM ET]
[Day, Date, Year]

**WHERE:** [Location/Address]
Example:
Humphrey Building
200 Independence Ave., SW
Washington, D.C.
Auditorium (credentialed press only)

**DIAL-IN:** [OPTIONAL; If used, separate media line is optional]
Media: [Phone number]
Listen Only: [Phone number]
Passcode: [Passcode]

Example: Reporters can participate by calling XXX-XXX-XXXX. The verbal passcode is "XXXXX."

**LIVE WEBCAST:** [OPTIONAL]
Example:

This briefing will also be video Webcast.
To watch LIVE online, visit:
www.hhs.gov/live
If Facebook Live, use this link:
https://www.facebook.com/pg/HHS/events/

**CONTACT:** [Contact Name or Organization, telephone and/or email]

###

Connect with HHS and sign up for HHS email updates.

Connect with HHS Secretary Alex Azar .

# Appendix II: Examples

## Rollout Plan Template

**Title**: HRSA/SAMHSA Behavioral Health Awards
**Target Rollout Date**: 12/31/18
**Topic**: Behavioral Health
**Background/Key Messages**: HHS awards more than $44.5 million to expand the nation's mental and behavioral health workforce, serving children, adolescents and transition-age youth at risk for developing, or who have developed a recognized behavioral health disorder.
**Primary Target Audience(s)**: Grantees, Behavioral Health Professionals

### High-level Tick Tock

| | |
|---|---|
| 12:00PM | Hill notifications (ASFR) |
| 12:15PM | Hill notifications (ASL) |
| 1:00PM | HRSA begins notifying awardees |
| 1:00PM | Press release goes live (HHS.gov/HRSA repost) |
| 1:00PM | ASPA sends Rollout GO |
| 1:00PM | Stakeholder notifications via IEA bulletin |
| 1:05 PM | Social Media Posts Go Live (OpDiv/ASPA) |

### Materials and Timing

| Y/N | Material | Timing (Day, Date, Time) | URL(s)/ Account(s) | POC(s) |
|---|---|---|---|---|
| | Website content | | | |
| Y | Press release/ Announcement | 12/31/18, 1pm | hhs.gov/news | |
| Y | Billboard/features | 12/31/18, 1pm | hhs.gov | |
| N | Blog (include author) | | | |
| N | Content pages | | | |
| | Social Media | | | |
| Y | Twitter | 12/31/18, 1:05pm | @HHSgov | |
| N | Facebook | | | |
| N | Instagram | | | |
| N | Snapchat | | | |
| | Video/Live Event | | | |
| N | Live streaming (web, social) | | | |
| N | YouTube | | | |
| N | Social media video | | | |
| | Email Marketing | | | |
| N | Internal | | | |
| Y | External | 12/31/18, 1:30pm | | |
| | Partner Outreach | | | |
| Y | Intergovernmental and External Stakeholders/Partners | 12/31/18, 1pm | | |
| Y | Internal QA | 12/30/18, 3pm | | |
| Y | Hill Outreach | 12/31/18, 12pm | | |
| N | HHS Digital Digest (goes to HHS social media contacts) | | | |
| N | Legislative affairs | | | |

**Primary Points of Contact**

HHS/ASPA – John Smith
HHS/ASL –
HHS/IEA –
HHS/ASFR – Jimmy Jack
Agency/Communications – Jane Johns (SAMHSA)
Agency/Legislation –
Agency/Policy –

**Any Risks? Is there pre-cleared language that cannot be changed? Are there nuances to be aware of with imagery?**

No

**INTERVIEW REQUEST EXAMPLE**
**********
ASPA Media Interview Request
**********

**Reporter:** Mike Stobbe

**Organization:** Associated Press

**Phone #(s):** (212) 621-1926

**Subject:** New research will be presented at the STD Prevention Conference that suggests the only recommended gonorrhea treatment option may be losing effectiveness. CDC researchers will discuss efforts to stave off the emergence of drug-resistant gonorrhea. The embargoed interview will focus on these new developments in antibiotic resistant gonorrhea.

**Deadline: 3:30 pm Today (9/19/16)**

**Spokesperson:** Dr. Jonathan Mermin, Director, NCHHSTP

**Additional information/Driver for request:** *Advance/embargoed interview request for telebriefing that will occur at the National STD Prevention Conference; story will be embargoed until Wednesday, Sept. 21 at 2:30 p.m.*

Key messages

**New warning signs that gonorrhea treatment may be losing effectiveness**

- Scientists have identified the first cluster of gonorrhea (GC) infections in the U.S. that show decreased susceptibility to ceftriaxone *and* azithromycin -- the two drugs that make up the dual regimen that is the last available effective treatment option
    - Blood samples from 7 patients showed resistance to AZ at dramatically higher levels than typically seen in the U.S.
- Over the years, GC has developed resistance to nearly every class of antibiotics – the current dual regimen is the last available effective gonorrhea treatment option
    - The new findings are more concerning than data that CDC published earlier this year that showed evidence of emerging AZ resistance nationwide -- but those cases were susceptible to ceftriaxone

**Prompt diagnosis and dual therapy necessary to prolong effectiveness of current treatment, but will work for only so long**

- Screening is essential – GC is one of the most common STDs but many may not realize they have it

- Once diagnosed, GC is still treatable and curable
- To slow development of resistance, providers must follow CDC guidelines and treat with combo of AZ and ceftriaxone right away

**OP-ED CONCEPT REVIEW EXAMPLE**

**Topic:** Netflix's *13 Reasons Why* and Suicide Rates in the United States
**Authors:** NIMH Director Dr. Joshua Gordon [with potential coauthors NIMH Deputy Director Dr. Shelli Avenevoli; Dr. Jane Pearson, Chair of the NIMH Suicide Research Consortium]
**Material:** Op-ed
**Audience:** Public
**Target Outlet:** *The Washington Post, USA Today*
**Driver:** The publication of forthcoming paper, "Association Between the Release of Netflix's 13 Reasons Why and Suicide Rates in the United States: An Interrupted Times Series Analysis." The lead author is a NIMH grantee, Dr. Jeffrey A. Bridge (R01MH117594); another author is Dr. Lisa Horowitz, a researcher in NIMH's Intramural Research Program. Timing would coincide with the publication date of the study in *JAMA Pediatrics*. Publication date is still to be determined.
**Goal:** To offer further clarification on suicide prevention and the importance of responsible media messaging.
**Key Messages:**

- Suicide is a major public health concern in the United States.
- In the media and entertainment, responsible portrayals of suicide, mental illnesses, and related issues have the potential to promote awareness and help-seeking behaviors, reduce stigma, and refute misperceptions that suicide cannot be prevented.
- Media depictions about suicide also have the potential to do harm, often through a process in which direct or indirect exposure to suicide increases the risk of subsequent suicidal behavior.
- In March 2017, Netflix released an American teen drama web television series, *13 Reasons Why (13RW)*, which has generated controversy over its portrayal of suicide and self-harm.
- In a NIMH-funded study, researchers aimed to estimate the potential association between the release of *13RY* on Netflix and suicide rates in individuals aged 10-64 in the U.S.
- Results indicated a significant increase in suicide rates in U.S. adolescent males (10-17 years of age) in the month following the release of the show. Note: The study does not draw any causal conclusions between the release of *13RY* and increased suicide rates in adolescent males—only an association.
- It is possible and important to portray suicide in a way that cultivates hope by increasing awareness of available supports for those who struggle with suicidal thoughts or behaviors. This op-ed will describe ways to handle these portrayals based on media guidelines.

## Appendix III: Guidance Regarding Strategic Communication Planning Tool for the Development of Content for Digital and Print Dissemination

### Purpose

The Office of the Assistant Secretary for Public Affairs (ASPA) serves as the U.S. Department of Health and Human Services' principal public affairs office. ASPA's mission is to lead efforts across the department to promote transparency and accountability, and to ensure the American people receive the critical public health and human services information they need to live healthy, productive lives. One of ASPA's responsibilities includes the review and coordination of content developed by HHS components for public distribution through traditional and digital communications channels.

This guidance is for HHS agencies and offices to use when planning for the development of print and digital content (hereafter referred to as 'content') that meets one or more of the Review Criteria listed below.

### Roles and Responsibilities

Under departmental authority, ASPA is responsible for:

I. Determining and establishing content development guidelines that are to be followed by all offices.
II. Monitoring compliance with these guidelines.
III. Reviewing content as defined herein.
IV. Ensuring that the impact and effectiveness of content are conducted.

In carrying out these responsibilities, ASPA serves as a source of technical assistance and monitors the development of content to assure compliance with this guidance.

The designated HHS agency and office communications and public affairs officials serve as the primary points of contact responsible for:

I. Adhering to the guidelines stated in this document.
II. Reviewing and approving strategic communication plans.
III. Submitting strategic communication plans for content that meet the Review Criteria (outlined below) to ASPA for review.
IV. Ensuring that a system is in place for measuring the impact and effectiveness of a content.

### Strategic Communication Planning Tool

ASPA, in collaboration with HHS agencies and offices, developed a Web-based application, the Strategic Communications Planning (SCP) tool. The SCP tool, implemented in June 2014, is a tool that supports the development of strategic communication plans for content and is to be used for submitting the plan and content to ASPA for review.





The goal of the SCP tool is to move the communication planning process across HHS toward more proactive planning and strategic use of traditional and digital communication channels to ensure that content is consistent, accurate and available according to the principles of the Digital Government Strategy [https://www.cio.gov/fed-it-topics/modernization/digital-strategy/] and consistent with the Digital Services Playbook [https://playbook.cio.gov].

The SCP tool is intended to help ensure content aligns with HHS performance goals, objectives and measures; has a well-defined target audience; and has measurable outcomes. It also allows for sharing and comparing strategies and outcomes, as well as helps facilitate collaboration throughout HHS, expedites review, and tracks progress.

This SCP tool applies to content targeting external audiences -- digital and print -- (e.g., brochures, new websites, social media campaigns, reports, videos, toolkits, and public education public service campaigns, including their social media and digital components for promotion).

*Note:* Press materials (including press releases, media advisories, talking points, Q&As, and interview requests, as well as op-eds and blogs) should not be submitted through the SCP tool. All clearance requests for press materials must be submitted to ASPA via email at *releases@hhs.gov*. All media interview requests must be submitted to the ASPA News Division for clearance via email at *interviews@hhs.gov*.

**SCP Tool Review Criteria**

The SCP review process empowers designated HHS agency and office communications and public affairs officials to use their discretion in determining whether content requires ASPA review by using the following Review Criteria. Content that meets one or more of the following Review Criteria must be sent to ASPA for review by submitting a communications plan via the SCP tool.

- Is it **Newsworthy** - (e.g., this issue has received coverage from major news outlets, you plan to promote widely to the press, there is significant reporter interest in the issue)
- Does it contain **New Information** - (e.g., a change in policy, a substantial new research finding or development, a new campaign or program)
- Is the subject/content **Controversial** - (e.g., has received interest from Congress, subject of investigations, issue raised significant criticism by advocacy groups or associations, involves pending legislation or litigation, has received widespread or critical media attention)
- Is it a **Public Education Campaign** (e.g., a coordinated set of materials designed to inform or persuade an audience to take action and/or adapt a behavior about a specific public health/human services issue such as AdoptUSKids, The Real Cost, Civil Rights Protections.





Please contact ASPA at the SCPHelpdesk@hhs.gov if you are unsure whether the content meets the Review Criteria. Whether or not ASPA review is needed, ASPA encourages agencies/offices to use the SCP tool for content development and internal agency review.

These criteria also apply to blogs, even though blogs go through ASPA clearance.

**Submitting Content for ASPA Review**

The SCP tool can be found at https://stratcomm.hhs.gov. Only registered users can access the system. To become a registered user, contact the SCP Help Desk at SCPHelpdesk@hhs.gov. Provide your name, agency/office; center/division/institute; phone number; and PIV number (10-digit number personal identifier number found on the back side of your HHS PIV card). Prior to submitting a strategic communication plan and content for ASPA review, users must –

- Complete all required fields of the SCP tool.
- Identify collaborators both inside and outside HHS and receive their concurrence.
- Obtain review and approval from their designated HHS agency and office communications and public affairs officials.

The SCP tool provides a mechanism for users to submit a strategic communication plan to their approving officials to document their approval of the plan. Upon approval by the designated approving officials, SCP agency managers can submit the plan to ASPA for review. (SCP agency mangers are the only SCP users who have access to submit communication plans to ASPA).

Depending on the topic, complexity of the content, and circumstances involving other activities and events throughout HHS, review of a submission may take several weeks to ensure appropriate Office of the Secretary/ASPA review.

NOTE: In extremely tight deadline situations (i.e., public health crisis such as Zika, natural disaster), the SCP and PRA processes are not required. Please call/email either the portfolio team point of contact or respective deputy assistant secretary for public affairs for an expedited review/approval if necessary.

**SCP Process**

The SCP process is a ***way of thinking ahead*** about how to develop and disseminate content. It is based on five evidence-based principles for achieving impact through communications:

- Impact is more likely when there is a ***written communications plan*** for developing and disseminating content.

- Impact is more likely when the ***target audience*** for the content is clearly defined.
- Impact is more likely when the ***goals*** for developing the content are clearly defined – these goals highlight the expected impact to the health and well-being of people and communities.
- Impact is more likely when ***outcome measures*** are defined and used to evaluate whether the content contributed to achieving these goals.
- Impact is more likely when ***collaborations*** support content development and dissemination – these can range from information-sharing and review by other HHS offices to partnerships with other Federal agencies or community organizations.

A well-designed strategic communication plan includes these key elements:

- ***Evidence of need*** for the content.
- Specific ***target audience(s)*** for the content.
- Specific ***Call to Action*** for the audience.
- A set of ***goals*** for the content – what resulting impact is hoped for from the target audience, including reach and awareness, utilization and understanding, and behavior change.
- ***Strategic Alignment*** with the goals of the agency/office and HHS.
- Clearly defined ***outcome measures*** that will be used to determine whether the content contributed to achieving these goals.

Progress can be measured during the life of the content to determine the actual outcomes achieved by the content, and to determine to what extent goals have been achieved. Some of things to consider when measuring outcomes include:

- What are the possible and actual unintended consequences of disseminating content, and how can it be measured?
- What measures of impact on groups or social networks of people need to be included?
- How does impact vary over time and how can this aspect of outcomes be measured?
- How can outcomes be defined so that measuring them is minimally intrusive and time-consuming, thus increasing people's willingness to provide the outcome data?
- How can social media be used to measure outcomes?
- How can outcome measurement be built in from the beginning as products are created by HHS grantees and contractors?

**Impact and Outcomes of Content Dissemination**

At the conclusion of a communication effort, the impact on the target audience must be captured in the SCP tool, based on the goals and measurements indicated. These outcome measures will be entered periodically on the SCP tool throughout the life of the content at least





once at the end of distribution. If data collection is planned at multiple points over time, it is recommended that outcomes be entered as collected to best track progress towards impact goals and, if needed, make mid-course corrections.

**Adherence to the SCP Process when Writing Contract Solicitations**

To help ensure all communication products are developed in accordance with this SCP process, ASPA encourages agencies and offices to include the following elements in their contract solicitations:

1. Strategic Alignment – the purpose for this communication product including how it helps advance the department and agency/office strategic goals. i.e., the contractor's proposal should explain their methodology for ensuring the materials developed align with the department and agency/office strategic goals and objectives.
2. Target Audience – the demographics, sociographics and psychographics of the people or organizations expected to change as a result of the communications, i.e., the contractor's proposal should explain how they will research and define the target audience that will be impacted by the product
3. Field Analysis - what the target audience needs, building on what's already available to meet these needs, and potential collaborators. , i.e., the contractor's proposal should explain how the product will be developed to uniquely meet the needs of the target audience.
4. Goals – specific, measurable outcomes expected as a result of the communications products. i.e., the contractor's proposal should explain how they will measure the impact of the product on the target audience.
5. Content and Distribution – the content format and distribution methods effective for the specified target audience, i.e., the contractor's proposal should explain how age-, culturally-, and linguistically-appropriate content will be developed, ensuring 508 compliance and plain language requirements.
6. Evaluation – a plan for when and how outcomes and impact will be measured, including sharing best practices and lessons learned, and flexibility for mid-course corrections, i.e., the contractor's proposal should explain how they will measure the goals and objectives through the product lifecycle.

## For Assistance and Additional Information





The SCP tool can be found at https://stratcomm.hhs.gov. To assist HHS staff in using this online tool, ASPA is available to provide SCP training, worksheets and guides, webinars, and technical support. For technical support help with the SCP tool or to schedule training, please send an email to SCPHelpdesk@hhs.gov.

**Appendix IV:**

## Guidance for ASPA's Generic Clearance for Collecting Routine Customer Feedback of HHS Communications

Since the 2014 launch of ASPA's Strategic Communication Planning (SCP) online tool, many of Agencies/Offices have asked for a more streamlined way to obtain audience feedback on communication products. In response, ASPA has obtained Office of Management and Budget approval under the Paperwork Reduction Act (PRA)* for a generic clearance, entitled "Generic Clearance for the Collection of Routine Customer Feedback of HHS Communications" (OMB control number 0990-0459), that allows for fast track collection of qualitative feedback on HHS communication products.

This Generic Clearance can be used to collect information about communication products from the concept phase to the end of the product life cycle. Agencies/Offices can improve future products by learning more about how well messages and products were received. Keeping in line with the Department's mission to enhance the health and well-being of all Americans, obtaining feedback through this process will to help ensure communications products:

- Meet the needs of the audience.
- Use effective media for delivering messages to audiences.
- Motivate the desired change within the audience and achieve expected impact.

HHS agencies/offices can use this Generic Clearance to fast track the collection of information as outlined in this guidance document.

**FAST TRACK PROCESS**

This fast track process is designed for information collection focusing on the awareness, understanding, attitudes, preferences or experiences of HHS audiences relating to existing or future communication products. Each fast track request must include the Fast Track Memo that describes the purpose of the information collection, the potential group of respondents for the collection, type of collection, estimated burden time for completing the survey, and estimated cost, as well as a copy of the questions/messages that will be used for the collection. Details about the fast track process and how to use it are listed below in the form of answers to a few basic questions.





Please contact SCPHelpDesk@hhs.gov if you have questions or need additional information.

* For more information about the Paperwork Reduction Act and the fast track process, see https://www.digitalgov.gov/resources/paperwork-reduction-act-fast-track-process/

**When can I use this fast track process?**

You can use fast track for qualitative data collection related to communication products – brochures, reports, posters, toolkits, fact sheets, videos, or campaign materials that are submitted to ASPA for review via the SCP tool – when the data collection meets *all* of the following criteria:

- The purpose of the collection is to assist the agency in improving existing or future communication products.
- Participation by respondents is voluntary.
- The collection does not impose a significant burden on respondents (see further discussion below).
- The collection does not require statistical rigor in order to have practical utility for improving existing or future service deliveries, products, or communication materials
- Public dissemination of results is not intended.

**What types of collections are eligible for the fast track process?**

As a general matter, the following kinds of collections fall under the fast track process:

- Comment cards or complaint forms.
- Focus groups, in-person interviews and observations.
- One-time or panel discussion groups.
- Moderated, un-moderated, in-person and/or remote-usability studies.
- Testing of a survey or other collection to refine questions.
- Post-transaction customer surveys (e.g., by call centers).
- Social media and online surveys.
- Customer satisfaction qualitative surveys.
- Telephone interviews.

**What types of collections are generally *not* eligible for fast track?**

Examples of collections that would generally not fall under the Fast Track Process are:

- Surveys that require statistical rigor because they will be used for making significant policy or resource allocation decisions.
- Collections whose results are intended to be published.
- Collections that impose significant burden on respondents or significant costs on the government.

- Collections that are on potentially controversial topics or that raise issues of significant concern to other agencies.
- Collections that are intended for the purpose of basic research and that do not directly benefit the agency's customer service delivery.
- Collections that will be used for program evaluation and performance measurement purposes.

**How do I use fast track?**

Please follow these steps to use ASPA's Generic Clearance for the fast track:

- **Step 1 – Submit a SCP communication plan to ASPA**
  - To begin the process, you must submit a SCP communications plan to ASPA via the SCP tool for the communication product for which feedback will be collected. ASPA recommends you submit your SCP communications plan as early in the planning stage as possible to allow adequate time to conduct the collection. Providing the SCP communications plan will help ASPA monitor what products are being surveyed and the number hours used against the Generic Clearance.
    - Note: If you do not have access to the SCP tool, please contact SCPHelpDesk@hhs.gov for assistance.
  - ASPA will review the SCP plan and provide the Fast Track Memo template that will include the OMB Control number and instructions to begin the process. A sample Fast Track memo will be provided to use as a guide.
  - You will need to complete and email the Fast Track Memo, along with a copy of the survey materials to SCPHelpDesk@hhs.gov
- **Step 2 – Completing the Fast Track Memo and Survey Materials**
  - The Fast Track Memo requires you to describe the purpose of the information collection, the potential group of respondents, type of collection, estimated burden time for completing the survey, and estimated cost. You will also need to provide a copy of the survey materials that includes information that will be used for your collection such as interview/focus group questions, survey questions, customer comment card, communication product messages, communication product mock-up, etc (i.e., if you want feedback about a brochure, screen shots/messaging must be provided; if you are conducting a focus group, the script/questions for the focus group facilitator or participants must be provided). If you need assistance developing your survey materials, contact SCPHelpDesk@hhs.gov.
    - Note: you must coordinate with ASPA -- not your agency PRA officer, because this is an OS/ASPA Generic Clearance -- to process the fast track package for submission to OMB for review and approval. ASPA recommends you inform your agency PRA officer so they are aware of the project.





- **Step 3: Submission to the OMB**
  - After you have completed the Fast Track Memo and provided the survey materials to APSA, ASPA will submit the package to the OS PRA Officer for submission to OMB's Office of Information and Regulatory Affairs (OIRA) for review and approval.
- **Step 4**: **Update your SCP communication plan**
  - After receiving OMB approval, update your SCP plan to indicate the approval and resubmit the SCP plan to ASPA. Attach a copy of the OMB-approval notice and survey materials in the 'Audience Testing Attachments' section of your SCP plan. Contact SCPHelpDesk@hhs.gov if you have questions about information collection or would like assistance analyzing the results.

**How long does OMB's OIRA review of the fast track take?**

OMB's OIRA review/approval process typically takes five to seven business days; however, we recommend allowing at least 15 business days for planning purposes.

If OMB returns or rejects your submission for any reason (i.e., you have not provided all the required information, you have not filled out the form correctly, or your submission is otherwise incomplete), ASPA will contact you to discuss the issue and determine what needs to be done for resubmission.

Once OMB approves the collection, ASPA will email you the official approval notice, and then you can proceed with implementation of the collection.

**Can I survey potential customers and other stakeholders under the fast track process?**

Yes. As long as the purpose is improving current or future communication product impact, and the collection satisfies the criteria outlined above, agencies may collect information from potential customers and other stakeholders (such as past audiences, potential future audiences) in order to inform service delivery improvement. The fast track process is not for the collection of information to be used for general program evaluation.

**How will I know if my collection is low-burden and thus eligible for the fast track process?**

Collections under fast track must be low-burden for respondents based on a consideration of the total burden hours for the collection, as well as in relation to the total number of respondents and the burden-hours per respondent.

The following are illustrative examples: A 15-minute survey for 2,000 individuals would be low-burden because the total burden hours and the burden-hours per respondent would be small. Two-hour focus groups, involving a total of 100 persons, would be low-burden because the

total burden hours and the total number of respondents would be small. And, a five-minute comment card filled out by 10,000 people would be low-burden because the total burden hours and the burden-hours per respondent would be small.

**Can a service-related survey be eligible for the Fast Track Process even if it uses numerical scales in its answers (e.g., 1-5 scale where 1 is not satisfied and 5 is very satisfied)?**

Yes. Eligible surveys can use numerical scales such as rank-order.

## APPENDIX V: ACRONYMS and ABBREVIATIONS

| Acronym | Full Name |
|---|---|
| ACF | Administration for Children and Families |
| ACL | Administration for Community Living |
| ACYF | Administration on Children, Youth and Families |
| AHA | American Hospital Association |
| AHRQ | Agency for Healthcare Research and Quality |
| AIDS | Acquired Immunodeficiency Syndrome |
| ARS | Acute Radiation Syndrome |
| ASA | Assistant Secretary for Administration |
| ASFR | Assistant Secretary for Financial Resources |
| ASH | Assistant Secretary for Health |
| ASL | Assistant Secretary for Legislation |
| ASPA | Assistant Secretary for Public Affairs |
| ASPE | Assistant Secretary for Planning and Evaluation |
| ASPR | Assistant Secretary for Preparedness and Response |
| ATSDR | Agency for Toxic Substances and Disease Registry |
| BARDA | Biomedical Advanced Research and Development Authority |
| BEA | Budget Enforcement Act |
| CCDF | Child Care and Development Fund |
| CDC | Centers for Disease Control and Prevention |
| CFO | Chief Financial Officer |
| CFR | Code of Federal Regulations |
| CHIP | Children's Health Insurance Program |
| CMMI | Center for Medicare and Medicaid Innovation |
| CMS | Centers for Medicare & Medicaid Services |
| COOP | Continuity of Operations Plan |
| CO-OPs | Consumer Operated and Oriented Plans |
| CR | Continuing Resolution (budget) |
| DAB | Departmental Appeals Board |
| DoD | Department of Defense |
| DOJ | Department of Justice |
| EEO | Equal Employment Opportunity |
| EHR | Electronic Health Record |
| ESF | Emergency Support Function |
| FDA | Food and Drug Administration |
| FEMA | Federal Emergency Management Agency |
| FEVS | Federal Employment Viewpoint Survey |
| FOIA | Freedom of Information Act |
| FTE | Full-Time Equivalent |

| Acronym | Full Name |
|---|---|
| FY | Fiscal Year |
| GAO | Government Accountability Office |
| GDM | General Departmental Management |
| GPRA | Government Performance and Results Act |
| GS | General Schedule |
| GSA | General Services Administration |
| HCFAC | Healthcare Fraud and Abuse Control |
| HEAT | Healthcare Fraud Prevention and Enforcement Action Team |
| HELP | Health, Education, Labor, and Pensions |
| HHS | Department of Health and Human Services |
| HIPAA | Health Insurance Portability and Accountability Act |
| HITECH | Health Information Technology for Economic and Clinical Health Act |
| HIV | Human Immunodeficiency Virus |
| HRSA | Health Resources and Services Administration |
| IEA | Intergovernmental and External Affairs |
| IG | Inspector General |
| IHS | Indian Health Service |
| IOS | Immediate Office of the Secretary |
| IPAB | Independent Payment Advisory Board |
| IT | Information Technology |
| JFA | Joint-Funding Agreement |
| LIHEAP | Low Income Home Energy Assistance Program |
| MACRA | Medicare Access and CHIP Reauthorization Act of 2015 |
| NCI | National Cancer Institute |
| NIH | National Institutes of Health |
| NIOSH | National Institute for Occupational Safety and Health |
| OASH | Office of the Assistant Secretary for Health |
| OCR | Office for Civil Rights |
| OGC | Office of the General Counsel |
| OGA | Office of Global Affairs |
| OIG | Office of Inspector General |
| OMHA | Office of Medicare Hearings and Appeals |
| ONC | Office of the National Coordinator for Health Information Technology |
| OPDIV | Operating Division |
| OSORA | Office of Strategic Operations & Regulatory Affairs |
| OPM | Office of Personnel Management |
| OS | Office of the Secretary |
| ONS | Office of National Security |
| PB | President's Budget |

| Acronym | Full Name |
|---|---|
| PCORTF | Patient-Centered Outcomes Research Trust Fund |
| PEPFAR | President's Emergency Plan for AIDS Relief |
| PHS | Public Health Service |
| PHSA | Public Health Service Act |
| PHSSEF | Public Health and Social Services Emergency Fund |
| P.L. | Public Law |
| PPHF | Prevention and Public Health Fund |
| PPS | Prospective Payment Systems |
| PSC | Program Support Center |
| QFR | Question for the Record |
| QIO | Quality Improvement Organizations |
| RAC | Recovery Audit Contractor |
| RO | Regional Office |
| SAMHSA | Substance Abuse and Mental Health Services Administration |
| SCP | Strategic Communication Planning |
| SES | Senior Executive Service |
| SG | Surgeon General |
| SPS | Secretary's Policy System |
| SSA | Social Security Administration |
| SSBG | Social Services Block Grant |
| SSF | Service and Supply Fund |
| STAFFDIV | Staff Division |
| STD | Sexually Transmitted Diseases |
| TANF | Temporary Assistance for Needy Families |
| TB | Tuberculosis |
| TPP | Teen Pregnancy Prevention |
| UAC | Unaccompanied Alien Children |
| USG | U.S. Government |
| WHO | World Health Organization |

# EXHIBIT 12

**From:** Olivares, Dagny (CDC/DDPHSIS/CPR/DEO)
**Sent:** 8 Feb 2020 00:32:37 +0000
**To:** CDC IMS JIC Lead -2;Bonds, Michelle E. (CDC/OD/OADC);Galatas, Kate (CDC/OD/OADC);Heldman, Amy B. (CDC/OD/OADC);Bedrosian, Sara (CDC/OD/OADC);Haynes, Benjamin (CDC/OD/OADC);Burns, Erin (CDC/DDID/NCIRD/ID);LaPorte, Kathleen (CDC/DDID/NCIRD/ID);Jiles, Angela (CDC/DDID/NCIRD/DBD);Lubell, Keri M. (CDC/DDPHSIS/CPR/DEO);Briseno, Lisa (CDC/DDPHSIS/CPR/DEO);Khan, Ibad (CDC/DDPHSIS/CPR/DEO);Jordan, Douglas E. (CDC/DDID/NCIRD/ID);Schindelar, Jessica (CDC/DDID/NCEZID/DHQP);Shockey, Caitlin E. (CDC/DDID/NCEZID/DGMQ);Hansen, Donda L. (CDC/DDPHSIS/CGH/OD);Nordlund, Kristen (CDC/DDID/NCIRD/OD);Marshall, Maureen (CDC/DDID/NCIRD/OD);Brown, Allyson (CDC/DDPHSIS/CPR/DSLR);Allen, Elizabeth (CDC/DDID/NCEZID/DPEI);Sokler, Lynn (CDC/OD/OADC);Gaines-McCollom, Molly (CDC/OD/OADC);Horvath, Jennifer R. (CDC/DDPHSIS/CPR/DSAT);Ward-Cameron, Conne (CDC/OCOO/OCIO)
**Cc:** CDC IMS JIC Emergency Clearance-2;CDC IMS JIC Triage -2
**Subject:** RE: 2019-nCov Response Communication Strategy Group
**Attachments:** DRAFT Comms and Media Strategy for n-Cov_012320.docx

Thank you for attending the initial Communication Strategy Group meeting. Attached please find the DRAFT Communication and Media Strategy for the 2019-nCoV response.

Please note: the attachment includes updates to the version that was distributed in the room, including (b)(5)

As discussed in the meeting, we are requesting your input and recommendations, which we will use to finalize the first iteration of this strategy document. Remember we don't want to get too detailed here as this is intended to be a high-level, overarching plan for our response (i.e., this is the globe, not a street map).

Please return your comments to the JIC Lead functional box (eocjiclead2@cdc.gov) by **5:00 pm, Friday, February 14**. We will incorporate them and distribute a revised document.

Thank you,
Dagny on behalf of the JIC Leadership Team

-----Original Appointment-----
**From:** CDC IMS JIC Lead -2 <eocjiclead2@cdc.gov>
**Sent:** Wednesday, February 5, 2020 5:24 PM
**To:** CDC IMS JIC Lead -2; Bonds, Michelle E. (CDC/OD/OADC); Galatas, Kate (CDC/OD/OADC); Heldman, Amy B. (CDC/OD/OADC); Bedrosian, Sara (CDC/OD/OADC); Haynes, Benjamin (CDC/OD/OADC); Burns, Erin (CDC/DDID/NCIRD/ID); LaPorte, Kathleen (CDC/DDID/NCIRD/ID); Jiles, Angela (CDC/DDID/NCIRD/DBD); Olivares, Dagny (CDC/DDPHSIS/CPR/DEO); Lubell, Keri M. (CDC/DDPHSIS/CPR/DEO); Briseno, Lisa (CDC/DDPHSIS/CPR/DEO); Khan, Ibad (CDC/DDPHSIS/CPR/DEO); Jordan, Douglas E. (CDC/DDID/NCIRD/ID); Schindelar, Jessica (CDC/DDID/NCEZID/DHQP); Shockey, Caitlin E. (CDC/DDID/NCEZID/DGMQ); Hansen, Donda L. (CDC/DDPHSIS/CGH/OD); Nordlund, Kristen (CDC/DDID/NCIRD/OD); Marshall, Maureen (CDC/DDID/NCIRD/OD); Brown, Allyson (CDC/DDPHSIS/CPR/DSLR); Allen, Elizabeth (CDC/DDID/NCEZID/DPEI); Sokler, Lynn (CDC/OD/OADC); Gaines-McCollom, Molly (CDC/OD/OADC); Horvath, Jennifer R. (CDC/DDPHSIS/CPR/DSAT); Ward-Cameron, Conne (CDC/OCOO/OCIO)

**Cc:** CDC IMS JIC Emergency Clearance-2; CDC IMS JIC Triage -2
**Subject:** 2019-nCov Response Communication Strategy Group
**When:** Friday, February 7, 2020 3:00 PM-4:00 PM (UTC-05:00) Eastern Time (US & Canada).
**Where:** Building 21, Room 11116 (or conference line)

Please join us for the initial communication strategy group meeting for the 2019-nCoV response. Please note: for this meeting, we are inviting Task Force communication leads, JIC team leads, and key OADC staff by name (not functional box). If you are unable to attend this week's meeting, please designate an alternate attendee and let us know who that is so we can invite that individual.

**JIC Conference Line (2019-nCoV)**

Toll Free: (b)(6)

International: (b)(6)

Passcode: (b)(6)

Thank you,
2019-nCov JIC Leadership Team
eocjiclead2@cdc.gov

# DRAFT CDC Communication and Media Strategy for 2019 Novel Coronavirus Response

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# EXHIBIT 13

# DRAFT CDC Communication and Media Strategy for the Coronavirus Disease 2019 Response

## Table of Contents

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**From:** Scott, Ardeana R. (CDC/DDID/NCIRD/OD) (CTR) on behalf of Posner, Sam (CDC/DDID/NCIRD/OD)
**Sent:** 16 Mar 2020 14:59:51 +0000
**To:** CDC DDID NCIRD *All
**Subject:** Social Media and New Media - Reminder of Policies

Dear NCIRD Colleagues,

I wanted to remind everyone of the policies surrounding news media requests, as well as social media use. Please take a minute to review the information below and the recommended actions steps.

**News Media Inquiries**

We are aware of heightened interest and activity surrounding COVID-19. Should you receive an inquiry concerning COVID-19, regardless if you know the source or if it is unsolicited, please forward these inquiries to the CDC News Media Branch at media@cdc.gov . The News Media Branch will coordinate with the COVID-19 response to determine how inquires will be addressed.

For routine news media inquiries, please be sure to follow CDC news media policy. Typically, that involves contacting your Health Communication Lead or Office. They in turn coordinate with the Public Affairs staff within NCIRD HSCO and the Office of the Associate Director for Communication, News Media Branch.

**Guidelines for Personal Employee Participation in Social Media**

Employee participation in social media may be governed by laws and regulations concerning employees' outside activities. If the activity is related to the employee's work or the mission of the agency, the employee should consult his or her supervisor or the CDC Office of the General Counsel (OGC) Ethics Program if the employee has any concern that the activity may fall under the purview of the Ethics Regulations or HHS Supplemental Ethics regulations. See Quick Facts About Outside Activities

Employees are encouraged to carefully consider the content of their posts and comments in social media spaces, as most may be retained by the third-party vendor indefinitely. Employees may discuss their posts and comments with their supervisor for advice and guidance, if they choose. However, employees ultimately have sole responsibility for anything they post online. Employees who discuss influential scientific information and identify themselves by name online must make it clear that the opinions they express are their own and do not reflect the official position of CDC in any way on any topic

For more information, see CDC's Social Media Policy.

**COVID-19 Information**

Many friends, families, grantees, partners and others may be asking about or commenting on the COVID-19 situation. Please remind them that updated information can be found on CDC's main COVID-19 site.

Thank you

**Samuel F. Posner, PhD**
Deputy Director for Science (Acting)
National Center for Immunization and Respiratory Diseases
Centers for Disease Control and Prevention

(770) 488 6398 (ph) shp5@cdc.gov
(404) 641 2118 (Mobile)

DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Centers for Disease Control and Prevention

CDC has Issued a Revised Operational Policy
**"CDC Media Relations Policy: Release of Information to News Media"**

1. **Summary of Policy:**
   This policy provides direction for releasing information to the news media at the Centers for Disease Control and Prevention (CDC).

2. **Reason for Revision:**
   This policy issuance clarifies the procedures for Freedom of Information Act (FOIA) coordination and clearance; updates information on the coordinated release of statistical press releases and CDC's emergency response coordination; and revises the policy format, organizational nomenclature, references, and uniform resource locators (URL).

3. **Related Issuances:**
   None

4. **Responsible Organization:**
   Office of the Associate Director for Communications (OADC)

5. **Material Superseded:**
   None

6. **Recertification:**
   This policy is scheduled for recertification on or before the last working day of September 2024.

7. **Points of Contact:**
   Kathy Harben, OADC, 404-639-7277, or Tonya R. Johnson, SBI, 770-488-4771

8. To go directly to the Policy, enter the following URL into the location line of your browser:
   https://sbi.cdc.gov/Policy/Doc/policy540.pdf

/s/ Sherri A. Berger, MSPH
Chief Operating Officer

**References to CDC also apply to the Agency for Toxic Substances and Disease Registry (ATSDR).

**Category:** Communications Management
**Policy #:** CDC-CM-2009-01
**Date of Issue:** 02/19/2009 Updated: 03/16/2009[1], Updated: 03/8/2011[2], Updated 09-03-19[3]
**Proponent:** CDC Office of the Associate Director for Communication
**Application:** All CDC Locations, Domestic and International
**Applicable Staff:** CDC Employees and Non-Employees

# CDC MEDIA RELATIONS POLICY: RELEASE OF INFORMATION TO NEWS MEDIA

**Sections:**


1. PURPOSE AND SCOPE
2. BACKGROUND
3. POLICY
4. RESPONSIBILITIES
5. REFERENCES
6. ABBREVIATIONS AND ACRONYMS
7. DEFINITIONS


## 1. PURPOSE AND SCOPE

This policy provides direction for releasing information to the news media at the Centers for Disease Control and Prevention (CDC).[4]

This policy applies to all CDC employees[5] and non-employees[6] at all locations, domestic and international and to all Centers, Institute, and Offices (CIOs), Staff Offices, and Business Services Offices, which are hereafter called "CDC Components"[7] unless otherwise noted.

This policy does not cover employees and non-employees speaking as members of a labor union or other non-CDC organizations. In the event of any conflict between this policy and any other media-related CDC policy or directive, this policy takes precedence.

The Clearance of Information Products Disseminated for Public Use Policy provides direction on the requirements used to clear the release of scientific or technical reports and articles and technical information for professional journals. The CDC Enterprise Social Media Policy provides direction on clearing social media content and events.

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[1] Revised to provide supplemental guidance for NCHS statistical releases.
[2] Revised to conform to current organizational policy format.
[3] Revised to clarify procedures for FOIA coordination and clearance; update coordinated release of statistical press releases; update emergency response coordination; and update policy format, organizational nomenclature, references, and uniform resource locators (URL).
[4] References to CDC also apply to the Agency for Toxic Substances and Disease Registry (ATSDR).
[5] For the purposes of this policy, "employees" consists of members of the civil service, Commissioned Corps officers, and locally employed staff. For more information on this category, refer to "Employee Categories (Updated March 2017)," available at: http://intranet.cdc.gov/ocio/docs/systems-tools/Employee_Category_Definitions.pdf.
[6]For the purposes of this policy, "non-employees" are individuals who provide consistent services to CDC, maintain a regular presence on a CDC facility, or have been issued a physical or logical access credential and are funded by CDC-managed appropriations. As used in this policy, non-employees includes groups of individuals such as guest researchers, contractors, Intergovernmental Personnel Act (IPA) personnel, or students. For more information on these categories, refer to "Non-Employee Categories (Updated March 2017)," available at: http://intranet.cdc.gov/ocio/docs/systems-tools/Non-Employee_Category_Definitions.pdf.
[7] More information on CDC organizational nomenclature is available at: https://sbi.cdc.gov/DOA/pdf/orgnom.pdf.

## 2. BACKGROUND

CDC and ATSDR are scientific, technical agencies committed to a culture of openness with the media and public that values the free exchange of ideas, data, and information as part of scientific and technical inquiry. CDC strives to provide accurate and timely scientific and technical information about CDC programs and activities.

## 3. POLICY

### A. General Policy

CDC provides and disseminates information concerning its activities, science, programs, and recommendations to the news media who request public information regarding its programs and activities. CDC responds to these requests promptly and factually in accordance with applicable federal laws and regulations and directives and guidance from the Department of Health and Human Services' (HHS) Office of the Assistant Secretary for Public Affairs (OASPA).

The News Media Branch (NMB) within the Office of the Associate Director for Communication's (OADC) Division of Public Affairs (DPA) oversees and ensures the effective coordination between CDC's scientific, program, administrative, financial, and public affairs components to provide timely and accurate responses to media requests.

CDC employees must notify their immediate supervisor and coordinate with NMB personnel before speaking to the media or public about their work. CDC employees may speak to members of the media about their work as outlined in this policy, however, CDC employees are **not required** to speak to the media.

### B. Code of Conduct for CDC Media Relations Employees

Federal employees must comply with the Standards of Ethical Conduct for Employees of the Executive Branch (5 C.F.R. §§ 2635.101- 902). Additionally, CDC's media relations employees must adhere to the following code of conduct:

- Be honest and accurate in all communications
- Honor embargoes
- Respond promptly to media requests and respect media deadlines
- Correct the record or any erroneous information promptly, when appropriate
- Promote the free flow of scientific and technical information
- Protect non-public information

### C. Release of Information to the News Media

***General***

Major media-related activities and efforts are coordinated with the appropriate CDC component's Health Communications Science office and its Director or his or her designee, to ensure the scientific, technical, and programmatic accuracy of the information. The NMB conducts and coordinates the review and clearance required by the CDC Office of the Director (OD) or HHS OASPA, as necessary.

***Press Releases and Media Material***

The NMB media relations officers coordinate the review and clearance of media-related activities, such as advisories, statements, press releases, talking points, and questions and answers, with the appropriate OADC and OASPA officials. NMB media relations officers also provide advance notification of press and media releases and obtain OADC and OASPA approval for work performed by contractors or other agencies to promote media coverage for CDC events or topics.

***National Center for Health Statistics (NCHS) Statistical Press Releases***

NCHS generates purely statistical press releases in accordance with the Office of Management and Budget (OMB) Statistical Policy Directive No. 4 Addendum: Release and Dissemination of Statistical Products Produced by Federal Statistical Agencies.

Statistical releases require clearance if they contain policy-related quotes or non-statistical programmatic content. When they contain policy-related quotes or non-statistical programmatic content, they are coordinated and cleared using standard NMB procedures. As outlined in Directive No. 4, the NCHS Public Affairs Office coordinates the release of statistical press releases through the NMB and keeps NMB, HHS, and the public informed of the schedule of upcoming NCHS data releases.

***Interviews***

The NMB serves as the clearance and coordination liaison between CDC's OD and the HHS OASPA to provide articulate, knowledgeable spokespersons who can best serve the needs of CDC and the public in response to media requests for interviews. The NMB recommends that a media relations officer be present during interviews to witness and document the content of the interview, support the interviewee, and provide post-interview follow-up, as necessary. CDC employees are **not required** to speak to the media. Journalists will only have access to CDC employees who agree to be interviewed.

The NMB Chief or his or her designee must approve CDC employees who serve as spokespersons addressing CDC policy and budget issues. Only full-time employees may speak to the media on behalf of CDC.

Media interviews conducted on behalf of CDC are on-the-record and attributed to the person speaking to the media representative. The CDC employee who provides material or information to the press must identify himself or herself as the source. Additionally, public information volunteered by a CDC official will not be considered exclusive to any one media source and will be made available to other sources, if requested.

Individuals speaking in an unofficial capacity are not required to clear interviews or written material with the NMB or other CDC entity. Section 3.D. of this policy outlines additional employee limitations.

The OADC, NMB, and the Office of Safety, Security, and Asset Management (OSSAM) must clear on-campus media interviews and visits as directed by the CDC-GA-2012-13 Photography, Videography, and Audio Recordings on CDC-Controlled Facilities policy.

***Interview Considerations for Non-Employees***

Non-employees are not authorized to speak for CDC. However, non-employees who serve as presenters at public events, such as conferences or meetings may participate in interviews with the media about their presentation while on-site. Non-employees who participate in interviews as presenters must:

- Notify the NMB after an interview to allow for monitoring and follow-up
- Refer requests for interviews or media questions beyond the scope of their presentation or specific work to the appropriate CDC media relations staff

***Media Releases***

The NMB, in coordination with CDC component Health Communication Science offices, must submit all print, electronic, public service announcements, and purchased media products intended for release to the media to HHS OASPA for approval.

***Organized Media Events***

The NMB submits all CDC-sponsored or CDC-organized media events to the HHS OASPA for approval. The NMB coordinates clearance of CDC's participation in organized media events sponsored by other government entities, the private sector, or non-profit organizations before a CDC representative accepts an invitation.

***Letters-to-the-Editor and Opinion-Editorial Columns***

The appropriate CDC component's Health Communication Science office clears, with the Component Director's approval, any letters-to-the-editor, opinion and editorial columns that represent an official CDC response, point of view, or an author's writing created as part of his or her official responsibilities. All of these materials must be cleared by CDC's OD and the HHS OASPA through the NMB.

***Broadcast Interviews***

The appropriate CIO Health Communication Science Office coordinates and clears (ensuring the CIO director's approval) television, radio, and online interviews through NMB. NMB serves as the clearance and coordination liaison with CDC's OD and the HHS OASPA.

***Classified National Security Information***[8]

The release of classified information in any form (e.g., documents, through interviews, audio, visual) to unauthorized individuals, including the news media, is prohibited and may be cause for prosecution or disciplinary action.

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[8]**Classified National Security Information –** Established by Executive Order 13526, the Classified National Security Information program prescribes a uniform system for classifying, safeguarding, and declassifying national security information, including information relating to defense against transnational terrorism.

***Controlled Unclassified Information (CUI)***[9]

CDC OD must approve the release of any controlled unclassified information formerly known as "sensitive but unclassified" (SBU) material before NMB submits the CUI to HHS OASPA for approval and release to the media. The release of CUI released to unauthorized individuals, including the media, is prohibited and may be cause for prosecution or disciplinary action.

***Rollout Plans and Emergency Responses***

Rollout plans are brief, time-oriented communication plans used to coordinate CDC component messaging and notifications for a significant change in CDC guidance; a new CDC-authored publication that presents new science expected to get media attention; or another activity in which CDC has a stake.

All CDC press officers, CDC component Health Communication Science offices, and the CDC Joint Information Center (JIC) liaison officer (LNO) share responsibility in an emergency response scenario for rollout plans including media statements, press releases, talking points, and questions and answers. The NMB, with support from the JIC LNO, during an EOC activation, coordinates the clearance of rollout plans through the CDC OD and the HHS OASPA.

The NMB supports media relations for emergency responses in coordination with the media function of the JIC in the CDC Incident Management Structure.

***Freedom of Information Act (FOIA)***

When the NMB receives questions or requests for information or records that are not suitable for public disclosure, the NMB refers requestors to the CDC FOIA website for instructions on how to submit requests. Material that is exempt (i.e., may be withheld from release under FOIA) includes classified information, commercial or financial information, and personally identifiable information. Refer to CDC-GA-2002-02, "Freedom of Information Act Policy" for more information.

**D. Employees Who Participate in Media Interviews as Private Citizens**

CDC employees who provide their views as private citizens during media interviews must clearly state that the views they are expressing are their personal views and are not the views of CDC or HHS. They must ensure that media outlets do not identify them as a CDC or HHS representative. This also applies to employees who write letters-to-the-editor. Employees who author letters-to-the-editor must not use HHS or CDC letterhead or email addresses to express their personal views.

CDC employees who express their personal views are not subject to media relations clearance requirements. Expressions of personal or individual views to the media related to substance or outside activities are subject to the requirements set forth by the Office of Government Ethics' Standards of Ethical Conduct for Employees of the Executive Branch. For example, CDC

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[9]**Controlled Unclassified Information** – Established by Executive Order 13556, the Controlled Unclassified Information (CUI) program standardizes the way the Executive branch handles unclassified information that requires safeguarding or dissemination controls pursuant to and consistent with law, regulations, and Government-wide policies.

employees who present personal or individual views cannot make references to their official title or position in connection with outside activities (5 C.F.R. § 2635.807). Employees also cannot use or disclose certain types of non-public information, as defined in 5 C.F.R. § 2635.703(b), which may include, but is not limited to trade secrets (18 U.S.C. § 1905) or records on individuals (5 U.S.C. § 552a). Violations of these provisions may result in disciplinary action.

## 4. RESPONSIBILITIES

### A. CDC Component Directors

- Ensure the technical, scientific, and programmatic accuracy of all information related to their respective programs that is released by CDC

### B. CDC Components

- Comply with HHS, OASPA, and CDC media relations directives, procedures, and guidance
- Ensure employees and non-employees refer all media requests to the NMB in a timely manner
- Coordinate with OADC/DPA/NMB in a timely manner regarding news media activities, requests, and materials that could generate media or public interest or inquiry

### C. CDC Office of the Associate Director for Communication (OADC), Division of Public Affairs (DPA)

- Establishes news media relations policies and priorities
- Oversees the review and performance of all news media relations activities at CDC
- Coordinates media-related activities with the HHS OASPA and works with OASPA to approve media releases, media activities, events, and materials, as needed
- Advises CIO Health Communication Science Offices, OD staff, and other CDC Components including other parts of OADC, as needed

### D. OADC, DPA, News Media Branch (NMB)

- Conducts news media relations activities for CDC, in conjunction with CDC Component press officers
- Coordinates the timely and efficient release of information to the news media
- Edits media material to ensure that it is well written and follows news media principles, practices, and expectations, without changing scientific or technical data or the meaning of programmatic content
- Submits materials to the HHS OASPA for approval within established time frame

### E. All CDC Component Public Affairs Specialists, Health Communication Specialists, and Associate Directors for Communication Science (Employees Who are Not Assigned to OADC/DPA/NMB)

- Comply with HHS, OASPA, and CDC media relations directives, procedures, and guidance

- Coordinate with OADC, DPA, or NMB in a timely manner regarding news media relations activities, requests, and materials that could generate media or public interest or inquiry

**F. All CDC Employees and Non-Employees**

- Comply with HHS, OASPA and CDC media relations directives, procedures, and guidance
- Refer all media requests to the NMB
- Coordinate with OADC/DPA/NMB in a timely manner regarding news media activities, requests, and materials that could generate media or public interest or inquiry

## 5. REFERENCES

**A.** 5 C.F.R. §§ 2635.101-902 (2018) – Standards of Conduct for Employees of the Executive Branch.
**B.** CDC. CDC-GA-2011-01: *CDC Enterprise Social Media*, dated January 8, 2015, https://sbi.cdc.gov/Policy/Doc/policy566.pdf.
**C.** CDC. CDC-GA-2002-02: *Freedom of Information Act,* dated April 4, 2014, https://sbi.cdc.gov/Policy/Doc/policy18.pdf.
**D.** CDC. CDC-GA-2013-13: *Photography, Videography, and Audio Recordings on CDC-Controlled Facilities*, dated October 4, 2012, https://sbi.cdc.gov/Policy/Doc/policy466.pdf.
**E.** HHS. "Guidelines on the Provision of Information to the News Media", Office of the Assistant Secretary for Public Affairs," dated January 2017, https://www.hhs.gov/sites/default/files/media_policy.pdf.
**F.** U.S. Office of Management and Budget. Statistical Policy Directive No. 4 Addendum: "*Release and Dissemination of Statistical Products Produced by Federal Statistical Agencies and Recognized Statistical Units,*" dated October 17, 2016. https://www.federalregister.gov/documents/2016/10/17/2016-25049/statistical-policy-directive-no-4-addendum-release-and-dissemination-of-statistical-products.

## 6. ABBREVIATIONS AND ACRONYMS

**ADCS –** Associate Director for Communication Science
**C.F.R. –** Code of Federal Regulations
**CIO –** Centers/Institute/Offices
**CUI –** Controlled Unclassified Information
**DPA –** Division of Public Affairs
**FOIA –** Freedom of Information Act
**HHS –** Department of Health and Human Services
**JIC –** Joint Information Center
**LNO –** Liaison Officer
**NMB –** News Media Branch
**NCHS –** National Center for Health Statistics
**OADC –** Office of the Associate Director for Communication
**JIC LNO** – Joint Information Center Liaison Officer
**OASPA –** Office of the Assistant Secretary for Public Affairs
**OD –** Office of the Director
**OMB –** Office of Management and Budget

**SBU –** Sensitive but Unclassified
**U.S.C. –** United States Code

## 7. DEFINITIONS

**CDC Components –** Organizational entities of CDC that are comprised of CIOs, Staff Offices, and Business Services Offices, as outlined in Organizational Nomenclature Used in Delegations of Authority

**Clearance –** The process of obtaining approvals through CDC organizations by the appropriate CDC staff members, including the HHS, OASPA, if necessary, before information is released or provided to the media

**Embargo –** A request or requirement by a source that the information or news provided by that source is not published until a certain date or certain conditions have been met

**Exclusive –** Information or material provided solely to a particular media outlet, journalist, or publication

**Off-the-Record –** Information given to reporters for use with the understanding that the information will not be made public in any way, and will not to be taken to another source for confirmation

**On-the-Record –** The source or interviewee provides information to a reporter or member of the news media formally or publicly, with the knowledge that it may be recorded or disseminated and that the media can identify him or her

**News Media** – Organizations that present or provide news, information, and analysis to the public such as print media (e.g., newspapers and magazines); broadcast media (e.g., radio stations, television stations, television networks); and digital news media (e.g., news coverage on web sites and digital video broadcast channels)

**Public Information** – Information in any form provided to news and information media

**From:** Rich, Michawn (CDC/OD)
**Sent:** 30 Apr 2020 18:09:12 +0000
**To:** Oury, Rachael;Bonds, Michelle E. (CDC/OD/OADC);Galatas, Kate (CDC/OD/OADC);Lepore, Loretta (CDC/OD/OCS)
**Subject:** Rundown

DELIBERATIVE/PREDECISIONAL

All – below is a rundown of sorts that I put together for Rachael that may help her navigate the new role. We can discuss on the call today.

**CDC Process**

Internal media inquiries and discussion:

- Send the press inquiries to:
  - CDC IMS JIC (Joint Information Center) Media -2 eocjicmedia2@cdc.gov
  - Ben Haynes fxq2@cdc.gov
  - Kristen Nordlund hok4@cdc.gov
  - Tom Skinner tws3@cdc.gov
  - Cc: Loretta Lepore phf7@cdc.gov
  - Cc: Michelle Bonds meb0@cdc.gov
  - Cc: Kate Galatas kkg2@cdc.gov
- Every interview **MUST** be audio recorded.
- You need to approve all interview requests (print, tv, radio, podcast, etc) **BEFORE** they go to HHS or OVP for approval.
  - Just because there are outstanding requests or folks keep getting asked to do a particular interview does not mean it has to be fulfilled – (b)(5)

    (b)(5)
  - **NOTE**: as a rule, do not send up requests that ask to do profile pieces – these are not allowed at the moment.
  - **NOTE**: as a rule, do not send up requests for Greta Van Sustern or anyone affiliated with Voice of America because of this: https://www.whitehouse.gov/articles/amid-a-pandemic-voice-of-america-spends-your-money-to-promote-foreign-propaganda/

For Dr. Redfield media

- Loretta Lepore oversees all of his media and Tom helps her.
- Paul Fulton kwf8@cdc.gov is in charge of booking most of his interviews.
- These are the outstanding interview requests that we have for Dr. Redfield (b)(5)

  (b)(5)
  - Larry O'Connor's Los Angeles Radio Show
  - AARP online interview
  - Current TV News
  - Magic 106.7 FM Radio in Boston, Mass
  - PBS Frontline in late May (this is a documentary piece and must be recorded closer to the air date).
- (b)(5)

- After you confirm an interview send a document to Loretta and Paul with this information:
  - Time of interview
  - Outlet
  - Whether it is live or taped
  - How long the interview will be
  - Reporter conducting the interview
  - Booker contact
  - Producer contact (if you have it)
  - On site contact
  - Topics
  - Location of interview
  - Parking directions if necessary
  - Biography of reporter conducting interview
- **NOTE**: Dr. Redfield can do FOX News, FOX Business, NBC, or CNBC interviews from the Hall of States Satellite Studio in D.C.
- **NOTE**: Dr. Redfield can do other interviews from the HHS studio in D.C. if it is available – sometimes he can bump someone if he is higher up on the leadership board.
  - Email Michael Wilker Michael.Wilker@hhs.gov, Steven Hamberg shamberg@hhs.tv, Karen Foster kfoster@hhs.tv, Morgan Courbois mcourbois@hhs.tv, and Samuel Nix Samuel.Nix@hhs.gov to see if the studio is available.

For Dr. Schuchat and Dr. Butler media

- Ana Toro pvq1@cdc.gov is in charge of booking most of their interviews.
  - This is the only outstanding request we haven't booked for Dr. Butler (b)(5) (b)(5) FOX 5 Good Day New York

**HHS Process**

- **NOTE**: The new HHS comms leadership wants to focus on local media.
  - Send any good local media stories to Brad Traverse Brad.Traverse@hhs.gov
- All press materials (releases, statements, etc.) need to be submitted to releases@hhs.gov for clearance
- All media inquiries (requests for interviews, written responses to reporter questions, etc.) need to be submitted to interviews@hhs.gov. These include any incoming that may come through FEMA to the HHS team embedded there.
- HHS will triage the submissions to determine which ones require (b)(5) Certainly, if you have a recommendation on that when you submit, please share that as well. Likewise, if you are contacted directly by (b)(5) with a request for a media inquiry, create or approve a press material, etc., please be sure to loop in HHS, so they can maintain situational awareness.
- Cc: Ben, Michelle, Kate, Kristen, Loretta, and Tom on emails to HHS that seek approval on interviews, releases, op-eds, etc.

**OVP Process**

(b)(6); (b)(5)

(b)(6); (b)(5)

## Daily FEMA Calls

- You will receive a daily email from someone in the JIC at CDC (eocevent202@cdc.gov) with a rundown of press and events for the day around 9:30am. You can pull from that to report out on the daily 10:15am FEMA calls.
- You can also ask Loretta for Dr. Redfield's schedule to see if you can pull anything from that to report out on the FEMA call.
- Following each call, send your readout to Ben Haynes and Carrie Harmon qbj2@cdc.gov. They send it to HHS at the end of the day up to HHS with other CDC items.

## Op-ed Process

- Follow the CDC and HHS approval process above.
- Once approved by CDC and HHS, (b)(5)
  - (b)(5)
  - (b)(5); (b)(6)
  - Attach the op-ed and provide this information in your email:
    - Topic:
    - Byline:
    - Target Audience:
    - Target Outlet:
    - Driver:
    - Three Key Messages:

###

# EXHIBIT 14

# CDC Communication and Media Strategy for 2018 Ebola Response in Eastern DRC

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## Situation

On August 1, 2018, the Ministry of Health (MoH) of the Democratic Republic of Congo (DRC) confirmed an outbreak of Ebola virus disease in the province of Nord-Kivu, in eastern DRC. The outbreak has since spread to include the Ituri province of DRC, and has become the country's largest Ebola outbreak ever. Cross-border movement among people from DRC and neighboring countries is common, elevating the risk of the outbreak spreading to other areas. See the most recent CDC SitRep and Key Messages on the DRC Ebola 2018 SharePoint site for information about the current status of the outbreak.

In June and August 2019, the Ugandan Ministry of Health confirmed imported cases from DRC into the country's Kasese District.

On July 14, 2019, a case of Ebola was confirmed in Goma, DRC, a large urban center near the DRC border with Rwanda., followed by several more cases in Goma. This first case of Ebola in Goma was the first reported in a major urban center in the current outbreak. WHO declared a Public Health Emergency of International Concern (PHEIC) on July 17, 2019 and response efforts were intensifiedng . In August 2019, cases of Ebola were reported in South Kivu province, a previously unaffected part of DRC. Confirmed and probable cases have been reported in North Kivu, South Kivu, and Ituri provinces of DRC.

### Operational Response Objectives in Affected Countries

- **Early Detection**: Detect all active cases through strengthening case reporting, healthcare systems, rapid laboratory testing, surveillance and data management, and tracing every chain of transmission. Early detection of cases is critical for infection control.
- **Isolate Cases**: Prevent future cases and break the cycle of rapid spread of the disease by isolating cases. Any patient under investigation for Ebola needs to be isolated until the diagnosis is confirmed or Ebola is ruled out.

- **Get Patients into Ebola Treatment Units**: Respond to cases through supportive patient care in treatment centers, protecting healthcare workers, and preventing the spread of disease.
- **Conduct Effective Contact Tracing**: Trace all contacts and monitor their health for 21 days.
- **Provide Safe and Dignified Burials:** Burial teams should quickly remove the body to be buried. The body should be treated with respect, and the family and a religious leader be able to view the burial from at least 15 feet away.
- **Provide vaccinations:** Provide vaccinations to contacts and contacts of contacts.

## Communication Goals and Objectives

Most, but not all, of the following sections apply to audiences in both the United States and DRC, unless specified otherwise. While the response is centered in the DRC and surrounding countries, this communication and media strategy is also intended to meet the needs of the United States domestic situation.

- Provide timely, accurate, relevant, and actionable information and respond quickly to needs and requests for information from specific groups, including the public, healthcare providers, traditional healers, first responders, border officials, burial teams, policymakers, media, and the public health community.
- Proactively communicate accurate, timely information to state public health departments, professional healthcare organizations, members of the media, and the people in the United States to share information about the situation in DRC and help them understand the risk, even if minimal, of Ebola being brought into the United States by sick travelers.
- When possible, ensure that CDC emergency risk communication specialists with appropriate linguistic skills are available for details and deployments as needed.
- Use risk communication principles to build and maintain public trust in CDC health recommendations, messaging, and materials (see below and Appendix A), and ensure that risk communication activities and messages are informed by the latest behavioral science findings. Message development should include
    - Engaging the public, public health workforce, clinicians (especially frontline workers), and public health partners when possible in the development of response materials by using risk communication, communication research, and behavioral science.
    - Using communication science-based principles for developing communication strategies, messages, and materials, including identifying key audiences, their information needs, and best methods to meet those needs.
    - Ensuring that information intended for distribution outside of the agency receives appropriate clearance and cross-clearance.
    - Ensuring that communication materials are culturally sensitive and linguistically appropriate.
    - Protecting the privacy of patients and contacts to the maximum extent possible.
- Support the response in developing clear and consistent public health communication aimed at stopping the spread of Ebola in DRC and in neighboring countries as needed.
- Coordinate communication activities with response partners, including appropriate US government agencies, US Embassy in Kinshasa, DRC Ministry of Health, ministries of health in bordering countries (Rwanda, Uganda, South Sudan, Tanzania), and World Health Organization

and other nongovernmental organizations (such as the International Federation of Red Cross and Red Crescent Societies [IFRC] and UNICEF) to help ensure that CDC response-related health information is consistent and supports this communication strategy.

- Monitor speculation and rumors on the ground and in social and news media (through partnerships with IFRC and others) and, using this information, develop messages and other interventions to dispel rumors, misinformation, and misperceptions as quickly as possible.

## Guiding Communication Principles

This guidance uses the following risk communication principles to establish and maintain public trust and manage the expectations of citizens during an extremely adverse situation over an extended period. These principles are based on and complement CDC's Crisis and Emergency Risk Communication (CERC) program, the WHO Outbreak Communication Guidelines, and the Risk Communication and Community Engagement Preparedness and Readiness Framework: Ebola Response in the Democratic Republic in Congo in North Kivu. The principles are not specific to this response.

- When health risks are uncertain, people need information about what is known and unknown about the situation, their actual degree of risk, and actionable guidance to help them make decisions to help protect their health and the health of others.
- Timely and transparent dissemination of accurate and accessible science-based information about Ebola and the international outbreak response activities can build public trust and confidence, particularly when such communication efforts are guided by established principles of risk communication.
- Coordinating message development and testing and release of information among international partners is critical to help avoid confusion that can undermine public trust, raise fear and anxiety, and impede response measures.
- Should work with CDC Social and Behavioral Science experts to incorporate community feedback into our communication messages.
- Information to public audiences should be accessible, culturally relevant, technically correct, easily understood, and complete enough to encourage support of policies and official actions without seeming patronizing.
- Information presented should minimize speculation and address rumor and fears.
- It is important to foreshadow that CDC guidance and recommendations, as well as those from other government agencies, may change as more is known about the outbreak and as the situation develops.

## Key Assumptions and Considerations

The following assumptions and considerations apply to both audiences in the United States and DRC.

- People will take actions based on the information they receive, including incomplete information, misinformation, and misconceptions. Incomplete information, misinformation,

rumors, and misconceptions among the public may begin to spread, and people may take actions based on this incorrect information. There could be delays in obtaining and releasing verified information to the public, including delays confirming a case of Ebola; the longer the delay, the greater the degree of news media and public speculation. Delayed information also reduces the effect of correct information released later.

- With new cases in new areas, there will be immediate and ongoing demands for information and products from CDC partners, news media, policymakers, the general public, and other audiences. Public affairs or staff with risk communication training should be part of the first wave of rapid response deployment teams for any US events.
- CDC's guidance and recommendations may change as we learn more about the outbreak. It will be important to continue foreshadowing this possibility and explaining, as needed, that this kind of change is a reasonable expectation.
- Special efforts should be made to avoid stigmatization of people affected by Ebola.

The following assumptions and consideration apply primarily to audiences in the United States **only in the event of a case of Ebola diagnosed in the United States**.

- Even one case of Ebola diagnosed in the United States will be concerning and frightening for some people.
- Social media will be intense and a hotspot to gauge the public's engagement and emotions.
- CDC must signal that, in this event, CDC understands that Americans are concerned, and is taking the situation very seriously.
- CDC will work closely with the relevant state health department(s) to rapidly investigate the situation and to help prevent the spread of Ebola domestically.
- CDC will work with the state health department(s) to share information as appropriate about how the person became infected, the person's current health status, and how many people had close contact with the person once symptoms developed.
- Messages will clarify that a person infected with the Ebola virus is not contagious until symptoms appear, and that the virus is spread through direct contact with the bodily fluids (blood, urine, feces, saliva, vomit, and other secretions) of an infected person, or with objects such as needles that have been contaminated with the virus.
- Messages will clarify that Ebola is **not** spread through the air or by food or water grown and produced in the United States.

The following assumptions and considerations apply primarily to audiences in the DRC and affected countries near the outbreak but will be of interest to global and US audiences as well.

- This Ebola outbreak in eastern DRC is occurring in a complex social and political context. The Ebola response is made more difficult because of security issues, poverty and hunger, widespread community reticence about perceived government and other outside assistance, heavy cross-border movement, and other infectious disease outbreaks (for example, cholera,

measles). The outbreak-affected area has several moderately populated cities, and there is concern the outbreak could spread to a more densely populated area.

- There is refugee movement as well as market traffic through, and out of, the outbreak area to both Uganda, Rwanda, and South Sudan, which poses a risk of Ebola spreading outside the currently affected area. The porous borders, movement between countries, and large number of refugees make containing an outbreak difficult.
- Considerable cultural and language diversity exists throughout eastern DRC (e.g., more than 200 languages are spoken in DRC).
- Not all community reactions should be interpreted as resistance; reluctance, or refusal to perform recommended behaviors or engage with response or burial teams may more accurately be understood as stemming from either a lack of understanding, fear, or mistrust in the messenger. Use recommended Risk Communication and Community Engagement Framework (Appendix A) to analyze and approach each situation.

## Message Framework

CDC messages will be timely, accurate, actionable, and relevant to the intended audience. The messages will be updated as soon as new information is verified. Current CDC messages can be found in the Key Messages document.

- Ensure that people
  - Know the symptoms of Ebola
  - Know how to protect themselves from Ebola
  - Understand their risk for Ebola
    - Know when and where to seek medical care as soon as possible
    - Are aware of how Ebola can and cannot be spread
- Ensure that healthcare workers, including traditional healers, who might have contact with patients with suspected, probable, or confirmed cases of Ebola understand
  - Their risk for Ebola
  - How to prevent the spread of Ebola
  - How to protect themselves
  - How to triage, diagnose, isolate, and treat patients.
- Provide information about safe and dignified burials, why they are needed, and assure affected communities that they are taking place.
- Provide information about available treatments and vaccines
  - Provide information about treatment options that include oral rehydration solution (ORS), treatment centers, and novel therapeutic medications.
  - Ensure that people in the affected area understand who should get vaccinated (healthcare workers, response teams, contacts, and contacts of contacts).
- Ensure that US travelers know about current travel recommendations.
- Promote CDC's health communication products as science-based and data-driven.

- Explain that CDC is supporting international partners, including the ministries of health and WHO, in taking active steps to respond to this rapidly changing situation.
- Address rumors, misinformation, fear, and stigma and provide actionable steps.
- Provide information for survivors about viral persistence, sexual transmission, breast feeding, lasting effects of Ebola, and psychosocial support, including how to handle stigma.

## Channels for Reaching Key Audiences for Communication and Media

CDC will use a variety of channels for distribution of information and messages to provide information about Ebola to the media and the public about Ebola. Key information channels include, but are not limited to, the following:

| ***Audience*** | ***Channels*** | ***Frequency*** |
|---|---|---|
| DRC and neighboring countries*<br><br>*Note: Social media and SMS would be sent by a CDC partner in country. The DRC MoH must approve all products and engagement in country, along with the US Embassy, and some of these channels may be accessed indirectly via cooperative agreements under OFDA | Radio | Daily |
| | Local news media | As needed (through opportunities identified by deployers/partners) |
| | Local mass media, including television if appropriate | Daily |
| | Social media | Daily |
| | SMS text messaging, videos | Daily |
| | Big Idea or topic of the week | Weekly |
| | Social mobilization (community engagement) | Daily |
| | Flipbooks and posters | As needed (either through needs identified by health communication or behavioral science feedback or via partner request) |
| | Country public health communication channels | As needed/by request from ministries of health |
| Global health partners (WHO, IFRC, UNICEF) | • Global Health Security Initiative partner communication channels | As needed (either identified by CDC/HHS/ASPA forecasting or by volume of global health |

| ***Audience*** | ***Channels*** | ***Frequency*** |
|---|---|---|
| | • Social media and targeted digital outreach<br>• Email | partner requests received) |
| US public (includes general public, policymakers) | News media (domestic and international)<br>• Interviews<br>• Press briefings (in person and by phone)<br>• Press materials (press releases, fact sheets, digital press releases) | As needed (either identified by CDC/HHS/ASPA forecasting or by volume of media requests received) |
| | CDC-INFO (domestic) | As needed (either identified by CDC forecasting or by volume of CDC-INFO requests) |
| | Website (cdc.gov/ebola) | As needed (driven by events in the response) |
| | Social media and targeted digital outreach (e.g., Facebook, Twitter, blogs, Instagram, Email updates) | As needed (either identified by CDC/HHS/ASPA forecasting or by volume of social media chatter/emergence of concerning trends) |
| US domestic partners (includes state, federal, and academic public health partners) | • Email<br>• Conference Calls<br>• Webinars<br>• EPIC newsletter<br>• DSLR newsletter<br>• Third-party validators<br>• *MMWR* | As needed (either identified by CDC/HHS/ASPA forecasting or by requests from domestic partner organizations) |
| | Blogs | As needed (either identified by CDC/HHS/ASPA forecasting or by requests from domestic partner organizations) |
| | Website | As needed (either identified by CDC/HHS/ASPA forecasting or by requests from domestic partner organizations) |

| ***Audience*** | ***Channels*** | ***Frequency*** |
|---|---|---|
| African diaspora communities in the US | • Social media and targeted digital outreach | As needed (either identified by CDC forecasting or by volume of social media emerging concerns) |
| Non-governmental organizations (NGOs), including faith- and community-based partners | • Social media and targeted digital outreach | As needed (either identified by CDC forecasting, a potential US case, or by volume of social media emerging concerns) |
| State/local health departments | • Email, newsletters<br>• Health Alert Network (HAN) and Epi-X<br>• Partner and stakeholder group conference calls (CSTE, NACCHO, ASTHO, NPHIC, COCA)<br>• Webinars<br>• Blogs<br>• *MMWR* | As needed (either identified by CDC/HHS/ASPA forecasting or by requests from domestic partner organizations) |
| Clinicians | • HAN and Epi-X<br>• COCA Calls and Clinical Update<br>• Partner newsletter (e.g., DHQP, DSLR, EPIC)<br>• Email notifications<br>• Trainings (in person and webinars)<br>• *MMWR* | As needed (either identified by CDC/HHS/ASPA forecasting or by requests from domestic clinician organizations) |
| Travelers | • Website (cdc.gov/travel, including travel health notices)<br>• Notices at ports of entry (POEs), including airports and other POEs, electronic message boards, TSA displays)<br>• Social media | As needed (identified by CDC forecasting) |

| ***Audience*** | ***Channels*** | ***Frequency*** |
|---|---|---|
| U.S. Policymakers, including USG (embassies, Congress, HHS Office of Global Affairs, DoS, DoD) | • Briefings, hearings<br>• Response to inquiries<br>• Hill Alerts, targeted email communication<br>• *MMWR* | As needed (either identified by CDC/HHS/ASPA forecasting or by requests from Congress) |
| CDC Employees | • CDC Connects<br>• Internal emails to staff<br>• Briefings at staff meetings | As needed (identified by CDC and driven by staff concerns, need for additional deployers) |
| US Domestic and Global Media | • Press conferences<br>• Telebriefings<br>• Press releases/materials<br>• Social media<br>• *MMWR* | As needed (identified by CDC/HHS/ASPA forecasting or by events of clear public concern) |

## Audiences for Communication and Media

### International

- General public
  - Affected areas
  - Border provinces and countries
  - Areas at high risk for cases
  - Travelers
  - Vulnerable/special target populations (e.g., women and children)
  - International audiences, including US-based audiences
- Ministries of health, both in affected and in neighboring countries
- Partners
  - WHO
  - Nongovernmental organizations and humanitarian aid groups (Doctors Without Borders, International Red Cross, Samaritans Purse)
  - Community leaders and influencers
- Border agents, screeners
- Airport agents and workers
- Clinicians and health workers and other first responders
- Laboratories
- CDC
  - Deployers
  - Country offices
- Media

### Domestic

- General public
- International travelers
- Travel industry
- Partners
  - Public health (ASTHO, NACCHO, CSTE)
  - Community organizations and NGOs
  - State, local, and territorial health departments
  - Federal agencies (USAID, US Customs and Border Protection)
- Healthcare providers
  - Clinicians
  - Hospitals
  - Health professional associations
- Laboratories
- CDC Staff
- Policymakers
- Media
- USG staff (coordination with policy channels)
- Congolese diaspora living in the US

- Visiting friends and relatives from affected country or countries
- US consulates

## Messaging

### Messaging for DRC and nearby at-risk countries should address

- How Ebola spreads
- Signs and symptoms of Ebola
- Steps to prevent Ebola
- Importance of getting early treatment
- Understanding outbreak status and response efforts
- Infection control
- Hand hygiene
- "Do not touch"
- Physically distancing from sick/dead
- Safe and dignified burial practices
- What to do if sick or dead person has been removed from your home, has been on your moto-taxi or in your workplace
- Chlorine safety
- Safe Sex, breastfeeding
- Contact tracing
- Vaccine information and availability
- Recovery and survivors (stigma/avoidance)
- Health care workers, protections (PPE, other)
- Travel and exit screening

### Messaging for U.S. should address

- Current situation (daily updates as available)
- What CDC is doing and our work with others at HHS
- Whole of government response
- Risk, threat to United States
- How Ebola is and is not spread
- International travel and entry screening
- Vaccines and therapeutics here in the US
- Stigma/avoidance
- Health care workers and protections (PPE)
- What to do if a sick person has been on your plane/taxi or in your workplace/home
- What we don't know
- Next steps

## Social Media Strategy

### DRC and Neighboring Countries

- Work with partners (UNICEF, USAID, US Embassy, OFDA contractors, other in-country partners) in country to disseminate social media and SMS messages to the affected areas
    - Messages should be targeted toward frontline workers and community leaders who are trusted sources and who can share the messages with community members
- Coordinate with partners and Congolese diaspora living in the United States to send messages through their WhatsApp networks

### United States

- As needed, use CDC social media channels (CDC, CGH, Emergency, NCEZID) on Facebook, Twitter, and other platforms to share:
    - Accurate and timely information and updates about the situation
    - Information on how Ebola is and is not spread
    - Information about what CDC is doing

**Proposed channels:**

Facebook - CDC

Twitter - @cdcgov, @cdcdirector, @cdc_ncezid, @cdcglobal, @cdcemergency

Instagram - CDC

- Work with HHS and USG partners to amplify and elevate key messaging around timely topics on other social media handles (NSC, OASH, NIH, FDA, SG, ASPR, State, USAID)
- Work similarly with influential international partners (WHO, Red Cross/Red Crescent, UNICEF)
- Work similarly with external third-party validators (academic leaders, foundation partners, influencers)

**Goals and Sample Topics:**

- Provide outbreak updates (milestone case counts, 1 year since outbreak began, major changes in the situation, or if there was a potential US case)
- Highlight CDC activities (e.g. meeting with @ASTHO and @NACCHOalerts)
- Counteract misconceptions if needed (e.g. feature “Ebola 101”-style facts; possibly rotate between CIO SM handles)

**Scope and Timing:**

As needed depending on CDC activities/milestones and changes in the situation.

## News Media Strategy

While the response is centered in the DRC and surrounding countries, CDC's media strategy must also meet the needs of the United States domestic situation, especially in the event of a case of Ebola diagnosed in the United States.

### Media Background for DRC

Media channels can be an effective tool for communicating rapidly with large audiences, making their effective use crucial during an outbreak. As of July, 2019 (nearly a year into the outbreak), there appears to be no systematic mechanism in DRC for engaging journalists and mass communication about the outbreak. This lack of strategy leads to missed opportunities for consistent, coordinated communication between response partners and the media. Community feedback since the beginning of the outbreak has consistently reported misunderstanding of the disease, the vaccine, and Ebola treatment centers, and distrust of the government, responders, and the overall response. Community members have repeatedly asked for more complete and understandable information about the response, including information delivered by radio.

**Note**: Under the President of DRC's multi-sectoral Ebola response committee, the Minister of Communication and Media is responsible for DRC Ebola response media and communication activities. These include inviting and integrating communication partners and experts into related technical commissions and response activities, and potentially unveiling a new strategy for media, public affairs, and communication technical support. Media activities in DRC involving US staff and US press personnel are coordinated through the public affairs office of the US Embassy in Kinshasa.

See the most current talking points on the DRC Ebola 2018 SharePoint site to access updated, cleared talking points.

### Media Goals and Objectives for the Outbreak Affected Areas

- Provide timely, relevant, and accurate updates on the outbreak and response efforts.
    - Establish trust and credibility in the media as a source of Ebola information by saying what we know, what we don't know, and what we're doing to find out.
- Disseminate education and actionable prevention messages about Ebola.
    - Communicate about specific response areas (for example, vaccines or the importance of getting early treatment). Reduce misinformation and rumors.
- Support DRC's communication commission in developing a country response media plan and establishing a process for ongoing engagement and coordination with journalists.
- Demonstrate CDC's commitment to supporting DRC in ending the outbreak.
- Obtain greater visibility, awareness, and interest for global health security and public health preparedness.
- Maintain and extend agency and public health credibility through proactive communication and anticipatory guidance (e.g., by anticipating/forecasting issues, interests, concerns, and likely

questions) and by acknowledging uncertainty and unpredictability and foreshadowing potential challenges.
- Adopt and implement expedited or abbreviated clearing and coordination processes to meet the increased demand by media both in military and other field environments.

## Media Channels and Audiences

Please refer to the **Channels for Reaching Key Audiences for Communication and Media** and the **Audiences** sections.

## Media Activities for Outbreak Affected Areas

- Identify trusted sources to deliver key messages, including CDC/HHS spokespeople, third-party validators, responsible reporters with major networks/outlets, and develop and send information to these trusted sources as frequently as needed.
- Use Congolese community members to deliver Ebola messages on the radio or television and demonstrate CDC's commitment to helping end the outbreak.
- Use Congolese celebrities or other known and trusted influencers to deliver Ebola education and prevention messages.
- Use collected social science data to understand informational needs and guide media strategy.
- Coordinate with DRC communication commission and appropriate workgroups, sub-commissions, and partners to ensure consistent messaging.
- Coordinate with the DRC MOH, WHO, CDC headquarters, US Embassy, and other partners to plan and implement response-related media activities (e.g., topic of the week strategy).
- Work with in-country partners to deliver Ebola messages over radio and TV in DRC and neighboring countries.
- Support CDC field teams with experienced, professional media relations and risk communication.
- Communicate CDC's activities and commitment to the response.
- Work with partners to deliver Ebola messages through media channels.
- Plan and coordinate telebriefings and press conferences.
- Write press releases, talking points, and supporting media materials.

## Key Assumptions and Considerations for Media in Outbreak Areas

- The DRC Minister of Communication and Media is responsible for DRC Ebola response media and communication activities.
- Media activities in DRC involving US staff and US press personnel are coordinated through the public affairs office of the US Embassy in Kinshasa.
- People will take actions based on the information they receive, including incomplete information, misinformation, and misconceptions. Erroneous information and rumors among the public may begin to spread, resulting in inappropriate actions by people and adverse

consequences to the response, such as delays resistance to response teams and delays in case identification and isolation.

- People will be more likely to believe trusted sources known to them; where audiences are not being reached we will need to work quickly to fill gaps in third party influencers and trusted channels.
- This Ebola outbreak in eastern DRC is occurring in a complex social and political context. The Ebola response is made more difficult because of security issues, poverty and hunger, widespread community reticence about perceived government and other outside assistance, heavy cross-border movement, and other infectious disease outbreaks (e.g., cholera). The outbreak-affected area has several moderately populated cities, and there is concern the outbreak could spread to a more densely populated area.
- There is refugee movement through and out of the outbreak area to Uganda, Rwanda, and South Sudan, which poses a risk of Ebola spreading outside the currently affected area.
- Considerable cultural and language diversity exists throughout eastern DRC (e.g., more than 200 languages and dialects are spoken in DRC).
- There will be immediate and ongoing demands for information and products from CDC partners, news media, policymakers, the general public, and other audiences.
- CDC's guidance and recommendations may change as we learn more about the outbreak. It will be important to continue foreshadowing this possibility and explaining, as needed, that this kind of change is a reasonable expectation.
- Special efforts should be made to avoid stigmatization of people affected by Ebola.
- Not all community reactions should be interpreted as resistance; reluctance or refusal to perform recommended behaviors or engage with response or burial teams may more accurately be characterized as due to either a lack of understanding, fear, or mistrust in the messenger. Use recommended Risk Communication and Community Engagement Framework (Appendix A) to analyze and approach each situation.

## Potential DRC Media Interests/Topics

The following topics may be of interest to DRC media channels and their audiences.

- Cases confirmed in large city, or one distant from the current outbreak (Goma or Kinshasa)
- Introduction of new vaccines
- Data from treatment randomized control trials
- PHEIC declared and continued by WHO
- New cases of confirmed Ebola outside of DRC [already happened in Uganda, but might still be news]
- Additional threats against or harm to response and aid workers
- Damage or destruction to facilities or treatment centers
- New milestones in case count or deaths
- Possibility of some Ebola survivors being re-infected with Ebola

## Media Background for the United States

Before the 2014-2016 West Africa Ebola epidemic, Ebola was perceived in the United States as a distant yet dramatic threat. When two infected U.S. clinicians who had worked in Liberia were brought to the United States for treatment in August 2014, there was widespread panic and fear in the United States, reflected in widely-read media reports and intense traffic to the CDC Ebola website. Around-the-clock news coverage of the escalating Ebola crisis reinforced and heightened public concern to the point of alarm when these patients came to the United States for treatment. Although the risk for Ebola transmission in the United States was low, the U.S. public began to view the disease as a serious threat to the nation's health and security. The fear of a U.S. epidemic required a massive communication effort by CDC, larger than for any previous emergency response. To address this fear, messages intended to reassure (e.g., U.S. hospital capacity to manage a case of Ebola) and reduce anxiety actually increased confusion and mistrust when Ebola developed in two U.S. hospital workers. [Sourced from the *MMWR* chapter *Lessons of Risk Communication and Health Promotion — West Africa and United States*.] As shown in recent social media trends, concerns expressed by some in the U.S. public about immigration on the southwestern border of the United States have in some cases become conflated with fears about the re-introduction of a new case of Ebola from the DRC.

## Key Assumptions in the Event of a Case of Ebola Diagnosed in the United States

The following assumptions and consideration apply primarily to audiences in the United States **in the event of a case of Ebola diagnosed in the United States**.

- Even one case of Ebola diagnosed in the United States will be concerning and even frightening.
- CDC must signal that, in this event, CDC understands that Americans are concerned, and is taking the situation very seriously.
- CDC will work closely with the relevant state health department(s) to rapidly investigate the situation and to help prevent the spread of Ebola domestically.
- CDC will work with the state health department(s) to share information as appropriate about how the person became infected, the person's current health status, and how many people had close contact with the person once symptoms developed.
- Messages will clarify that a person infected with the Ebola virus is not contagious until symptoms appear, and that the virus is spread through direct contact with the bodily fluids (blood, urine, feces, saliva, vomit, and other secretions) of an infected person, or with objects such as needles that have been contaminated with the virus.
- Messages will clarify that Ebola is **not** spread through the air or by food or water grown or produced in the United States.
- Messages should clarify the screening at the US border, acknowledging limitations if someone is not showing symptoms.

## Potential US/International Media Interests/Topics

The following topics may be of interest to US or international media channels and their audiences.

- American HCWs volunteering in DRC return to U.S. ill, possible Ebola (PUI)
- Americans with travel to DRC or region return to U.S. ill (no connection to outbreak), possible Ebola (PUI)
- CDC staff member deployed to region injured/killed/kidnapped
- In light of PHEIC declaration, preparing CDC staff deploy to "hot zone"
- POTUS/Administration disagrees with public health/scientific decision about risk of Ebola to U.S.
- Return of ill HCWs for treatment
- Returned volunteer (with no patient exposure) takes cruise and develops symptoms
- Isolation of exposed healthcare worker for 21-day incubation period
- Reconstructed Ebola virus falls into hands of "bad actor"
- Contaminated vaccine causes injuries/illness/death in DRC
- Natural disaster or second infectious disease outbreak further complicates DRC response

## Message Framework for a First New Case of Ebola Diagnosed or Managed in the United States

CDC messages will be timely, accurate, actionable, and relevant to the audience. These messages should include information on the level of risk for different audiences, on how Ebola is spread and not spread, on protective measures, on public health and medical response activities being undertaken by the various agencies involved, on medical countermeasures, on non-pharmaceutical interventions, and on other general and educational information regarding Ebola. The messages will be updated as soon as new information is verified. Current CDC messages may be found in the Key Messages document.

- Ensure that people
  - Understand their risk for Ebola
  - Know the symptoms of Ebola
  - Know how to protect themselves from Ebola
  - Know when to seek medical care
  - Are aware of how Ebola can/cannot be spread
- Ensure that healthcare workers who have contact with patients with suspected, probable, or confirmed Ebola understand
  - Their risk for Ebola
  - How to prevent the spread of Ebola
  - How to protect themselves
  - How to triage, diagnose, isolate, and treat patients.
- Provide information about available treatments and vaccines.
- Ensure that US travelers know about current travel recommendations; make sure that organizations or employers sending personnel to the outbreak area are also informed.
- Ensure that the public knows that although we have a case of Ebola, the risk to people in the United States is low. We have a strong health care system that can properly isolate patients with

Ebola and prevent further spread of the disease, in part because of extensive planning and training done since the 2014-2016 Ebola outbreak.

- Promote the health information in CDC's health communication products as science-based and data-driven.
- Explain that CDC, along with other U.S. government agencies and international partners, is taking active steps to respond to this rapidly changing situation.
- Address rumors, misinformation, fear, and stigma and provide actionable steps.
- Provide information for survivors about risk of possible reinfection, viral persistence, sexual transmission, breast feeding, lasting effects of Ebola, and psychosocial support, including how to handle stigma.

## Key Public Messages for Media Engagement at USG Level

- **WHOLE OF GOVERNMENT EFFORT:** The United States is mobilizing a broad cross-section of federal departments and agencies to ensure the safety and health of the American people and global publics.
- **FINANCIAL AND TECH SUPPORT:** The United States is the largest single bilateral donor to the DRC outbreak response. Since August 2018, the US government has provided ongoing financial and technical assistance to the DRC and neighboring countries.
- **EXPANDING INTERNATIONAL ENGAGEMENT:** The United States is actively engaging the international community to sustain and increase efforts to halt the spread of Ebola and help those affected.
- **RECOGNITION:** The United States appreciates the leadership of the DRC government, the World Health Organization, and the United Nations to contain the outbreak.

Please refer to the latest version of the *Interagency Press Guidance* for specific information about the Ebola response, including top line messages and questions and answers from a US government perspective.

## Addendum A: Risk Communication and Community Engagement Framework

The following risk communication and community engagement framework was developed by CDC and shared with UNICEF.

| COMMUNITY SIGNALS[1] | ISSUES[2] | RECOMMENDED ACTIONS |
|---|---|---|
| **RECEPTIVE to perform recommended behaviors and to engage with response teams** | • Concern about the health threat facing the community<br>• Understanding and agreement with recommended behaviors and response activities<br>• Commitment to action | • Involve community leaders and members in promoting recommended behaviors and response activities<br>• Provide regular information to community about behaviors/activities and their effects. (progress reports) |
| **RELUCTANCE to perform recommended behaviors/reluctance to engage with response teams** | • Lack of understanding<br>• Emotional reactions to events<br>• Uncertainty<br>• Lack of confidence in the actors of response (the "Foreign") | • Active listening and understanding community concerns<br>• Explanation about disease, signs and symptoms, prevention<br>• Provide recommendation on the basis of local perceptions and come to mutual agreement about actions to take<br>• Reinforce individual and collective choice<br>• Highlight local actors in the response |
| **REFUSAL to perform recommended behaviors/refusal to engage with response teams** | • Fear and mistrust in the response<br>• Firm rejection of recommended behaviors<br>• Rejection of services (e.g. safe and dignified burials, vaccines)<br>• Inability to take on different view points<br>• Information to diffuse Ebola outbreak by some influential local actor (nurse, opinion leader) | • Seek understanding on community understanding/reason for mistrust<br>• Prioritize listening to understand point of views to reduce negative emotional reactions<br>• Demonstrate empathy and establish alliance<br>• Come to mutual agreement about actions to take in a participatory manner<br>• Raise awareness and introduce influential local actors in the information loop on the epidemiological situation and the community response actions |
| **RESISTANCE to engage with response teams** | • Aggressive resistance, disruptive action in the community towards responders or response activities with real threat of violence<br>• Protests and demonstrations<br>• Threats and violence | • Prioritize protection of responders<br>• Reduce potential for harm to responders<br>• Link with adequate national/provincial authorities, leaders and so on (in a safe place) to try to negotiate access and identify ways forward. If possible, invite a representative of the community to represent the community<br>• Inform local leaders before going to their areas of responsibility |

[1] Multiple signals can co-exist in one community at the same time and can change over time.
[2] Local contextual factors influence every response where "outsiders" participate so responses must take time to understand the local context (politics, economics, conflict, power structures, trust of authorities).

# EXHIBIT 15

**From:** Bedrosian, Sara (CDC/OD/OADC)
**Sent:** 25 Feb 2020 15:58:47 +0000
**To:** Bonds, Michelle E. (CDC/OD/OADC);Galatas, Kate (CDC/OD/OADC)
**Cc:** CDC IMS JIC OADC LNO -2;Patrick, Kera (CDC/OD/OADC);Dorigo, Leslie (CDC/DDNID/NCIPC/DIP)
**Subject:** FW: CDC Comm & Media Strategy
**Attachments:** CDC_Comms and Media Strategy for COVID-19_022420.docx, Comms and Media Strategy for Ebola_11.25.19_final.docx

Michelle and Kate,

Leslie and I checked, and there is no COVID-19 Comms Strategy scheduled for this week by the JIC. Leslie and I will work on a proposed agenda with framing, and will send to you both later today. Then we can take the next steps.

I have forwarded this email to you both with the version of the draft COVID-19 Comms/Media Strategy that Dagny sent up to Bill yesterday with Michelle's approval. I have also attached the finalized and ASPA-cleared Comms/Media Strategy for Ebola, as requested.

Sara

---

**From:** CDC IMS JIC OADC LNO -2 <eocevent202@cdc.gov>
**Sent:** Monday, February 24, 2020 5:45 PM
**To:** Bedrosian, Sara (CDC/OD/OADC) <eri7@cdc.gov>
**Subject:** FW: CDC Comm & Media Strategy

---

**From:** Olivares, Dagny (CDC/DDPHSIS/CPR/DEO)
**Sent:** Monday, February 24, 2020 5:44:56 PM (UTC-05:00) Eastern Time (US & Canada)
**To:** Hall, Bill (HHS/ASPA)
**Cc:** Bonds, Michelle E. (CDC/OD/OADC); Heldman, Amy B. (CDC/OD/OADC); Burns, Erin (CDC/DDID/NCIRD/ID); Patrick, Kera (CDC/OD/OADC); CDC IMS JIC Lead -2; CDC IMS JIC OADC LNO -2
**Subject:** CDC Comm & Media Strategy

Bill,

As requested, attached please find the first iteration of the CDC Comm & Media Strategy. Please forgive the lack of a table of contents; we just finalized this today and wanted to get it to you right away. We will provide an updated copy with the ToC as soon as that is done.

Please let us know if we can answer any questions about the strategy document.

Dagny

**Dagny E. P. Olivares**
**Joint Information Center (JIC) Co-Lead**
**Coronavirus Disease 2019 (COVID-19) Response**

404-271-3054
eocjiclead2@cdc.gov

# DRAFT CDC Communication and Media Strategy for the Coronavirus Disease 2019 Response

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# EXHIBIT 16

**From:** Bedrosian, Sara (CDC/OD/OADC)
**Sent:** 14 Feb 2020 18:54:41 +0000
**To:** Olivares, Dagny (CDC/DDPHSIS/CPR/DEO)
**Cc:** CDC IMS JIC Lead -2;Bonds, Michelle E. (CDC/OD/OADC);Galatas, Kate (CDC/OD/OADC);Heldman, Amy B. (CDC/OD/OADC);Bedrosian, Sara (CDC/OD/OADC);Haynes, Benjamin (CDC/OD/OADC);Burns, Erin (CDC/DDID/NCIRD/ID);LaPorte, Kathleen (CDC/DDID/NCIRD/ID);Jiles, Angela (CDC/DDID/NCIRD/DBD);Lubell, Keri M. (CDC/DDPHSIS/CPR/DEO);Briseno, Lisa (CDC/DDPHSIS/CPR/DEO);Khan, Ibad (CDC/DDPHSIS/CPR/DEO);Jordan, Douglas E. (CDC/DDID/NCIRD/ID);Schindelar, Jessica (CDC/DDID/NCEZID/DHQP);Shockey, Caitlin E. (CDC/DDID/NCEZID/DGMQ);Hansen, Donda L. (CDC/DDPHSIS/CGH/OD);Nordlund, Kristen (CDC/DDID/NCIRD/OD);Marshall, Maureen (CDC/DDID/NCIRD/OD);Brown, Allyson (CDC/DDPHSIS/CPR/DSLR);Allen, Elizabeth (CDC/DDID/NCEZID/DPEI);Sokler, Lynn (CDC/OD/OADC);Gaines-McCollom, Molly (CDC/OD/OADC);Horvath, Jennifer R. (CDC/DDPHSIS/CPR/DSAT);Ward-Cameron, Conne (CDC/OCOO/OCIO);CDC IMS JIC Emergency Clearance-2;CDC IMS JIC Triage -2;CDC IMS JIC OADC LNO -2;Galatas, Kate (CDC/OD/OADC);Crawford, Carol Y. (CDC/OD/OADC);Dempsey, Jay H. (CDC/OD/OADC);Williams, Carol (CDC/OD/OADC)
**Subject:** 2019-nCov Response Communication Strategy Group/due Friday, February 14 by 4 PM
**Attachments:** DRAFT Comms and Media Strategy for n-Cov_012320_srb_JHD -DKnight_2-14-2020.docx

Dagny,

Please see combined edits from OADC. We expect to clear a more final version once it is ready, and then with ASPA. These are our preliminary comments. Also, Carol Crawford may have some valuable additions once she returns next week.

Thanks for the opportunity to review this first draft.

Sara

*Sara Bedrosian*
Division of Public Affairs
Office of the Associate Director for Communication
Centers for Disease Control and Prevention
OADC Liaison to the2019-nCoV Response: eocevent202@cdc.gov
Email: eri7@cdc.gov
Work phone: 404-639-0677
Work mobile: 404-316-6022
Mailstop: H21-11
Telework Days: Wednesday and Friday

**From:** Daniel, Katherine Lyon (CDC/DDPHSIS/OD)
**Sent:** 11 Mar 2020 13:24:36 +0000
**To:** Sokler, Lynn (CDC/OD/OADC);Gaines-McCollom, Molly (CDC/OD/OADC)
**Cc:** Mitchell, Jennifer R. (CDC/OD/OADC)
**Subject:** RE: COVID Communication and Media Strategy Plan
**Attachments:** CDC_Comms and Media Strategy for COVID-19_3-5-20-mgm_LS KLD.docx

Here is the next version. I edited in everything except the table, which we had discussed yesterday. I would like to take another stab at cutting it back but first need some of my overall comments/questions addressed about how necessary some of these main sections are.
Still very duplicative but I got as far as I could this morning. Also, seems that Dagny/Sara B were also working on this document, should we bring them in too?
KLDF

---

**From:** Sokler, Lynn (CDC/OD/OADC) <zsz0@cdc.gov>
**Sent:** Monday, March 9, 2020 5:37 PM
**To:** Daniel, Katherine Lyon (CDC/DDPHSIS/OD) <kdl8@cdc.gov>
**Cc:** Sokler, Lynn (CDC/OD/OADC) <zsz0@cdc.gov>; Gaines-McCollom, Molly (CDC/OD/OADC) <iwg9@cdc.gov>
**Subject:** COVID Communication and Media Strategy Plan

Katherine,
Please see our comments and edits attached.
Thanks, Lynn

**Lynn A. Sokler**|Senior Communication Advisor|Office of the Director|Office of the Associate Director for Communication| Centers for Disease Control and Prevention|Mailing: 1600 Clifton Road MS-E-69| Atlanta, GA 30329| zsz0@cdc.gov| office 404-498-6617 |bus. cell 404-409-5556|fx 404-498-0945



**From:** Crawford, Carol Y. (CDC/OD/OADC)
**Sent:** 13 Mar 2020 16:56:18 +0000
**To:** Jorgensen, Cynthia (CDC/DDID/NCIRD/OD)
**Cc:** Galatas, Kate (CDC/OD/OADC);Bonds, Michelle E. (CDC/OD/OADC);Heldman, Amy B. (CDC/OD/OADC)
**Subject:** FW: Social Media and New Media - Reminder of Policies - DRAFT EMAIL

Cynthia – all heck breaking lose over here today. But Amy send her NMB edits below.

As far as social, I recommend (b)(5)

(b)(5)

Hope that helps enough.

---

**From:** Galatas, Kate (CDC/OD/OADC) <kkg2@cdc.gov>
**Sent:** Friday, March 13, 2020 8:55 AM
**To:** Jorgensen, Cynthia (CDC/DDID/NCIRD/OD) <cxj4@cdc.gov>; Bonds, Michelle E. (CDC/OD/OADC) <meb0@cdc.gov>
**Cc:** Heldman, Amy B. (CDC/OD/OADC) <evd4@cdc.gov>; Crawford, Carol Y. (CDC/OD/OADC) <cjy1@cdc.gov>
**Subject:** RE: Social Media and New Media - Reminder of Policies - DRAFT EMAIL

Adding Carol and Amy to this for their review … we will circle back if we have recommended edits.
Take care,
Kate

Kate Galatas, MPH
Deputy Associate Director for Communication
Centers for Disease Control and Prevention
Office: 404-639-2064
Cell: 404-326-5892
Email: kkg2@cdc.gov

CDC 24/7
PROTECTING AMERICA'S SAFETY, HEALTH, AND SECURITY

**From:** Jorgensen, Cynthia (CDC/DDID/NCIRD/OD) <cxj4@cdc.gov>
**Sent:** Friday, March 13, 2020 8:48 AM
**To:** Galatas, Kate (CDC/OD/OADC) <kkg2@cdc.gov>; Bonds, Michelle E. (CDC/OD/OADC)

<meb0@cdc.gov>
**Subject:** FW: Social Media and New Media - Reminder of Policies - DRAFT EMAIL

Hi Michelle and Kate

NCIRD would like to send out this email – partly in response to (b)(5)
Could you please review and let me know if you are ok with it. Its been reviewed by NCIRD OD and several ADPs. Thanks

Cynthia

(b)(5)

**Social Media**

(b)(5)

**News Media Inquiries**

(b)(5)

**COVID-19**

(b)(5)

(b)(5)

Thank you

**From:** Sokler, Lynn (CDC/OD/OADC)
**Sent:** 13 Mar 2020 17:59:26 +0000
**To:** Daniel, Katherine Lyon (CDC/DDPHSIS/OD)
**Cc:** Gaines-McCollom, Molly (CDC/OD/OADC);Sokler, Lynn (CDC/OD/OADC)
**Subject:** RE: CDC Comms and Media Strategy
**Attachments:** CDC_Comms and Media Strategy for COVID-19_3-13-20_LS.docx

Hi, did another pass at this. (b)(5) (b)(5) After this, what are your next steps?
Thanks, Lynn

---

**From:** Sokler, Lynn (CDC/OD/OADC) <zsz0@cdc.gov>
**Sent:** Friday, March 13, 2020 9:49 AM
**To:** Gaines-McCollom, Molly (CDC/OD/OADC) <iwg9@cdc.gov>; Daniel, Katherine Lyon (CDC/DDPHSIS/OD) <kdl8@cdc.gov>
**Cc:** Sokler, Lynn (CDC/OD/OADC) <zsz0@cdc.gov>
**Subject:** RE: CDC Comms and Media Strategy

Wait, let me do another pass at this - hope this afternoon. Thanks, Lynn

---

**From:** Gaines-McCollom, Molly (CDC/OD/OADC) <iwg9@cdc.gov>
**Sent:** Friday, March 13, 2020 9:40 AM
**To:** Daniel, Katherine Lyon (CDC/DDPHSIS/OD) <kdl8@cdc.gov>; Sokler, Lynn (CDC/OD/OADC) <zsz0@cdc.gov>
**Subject:** RE: CDC Comms and Media Strategy

Here you go!

---

**From:** Daniel, Katherine Lyon (CDC/DDPHSIS/OD) <kdl8@cdc.gov>
**Sent:** Friday, March 13, 2020 9:38 AM
**To:** Sokler, Lynn (CDC/OD/OADC) <zsz0@cdc.gov>; Gaines-McCollom, Molly (CDC/OD/OADC) <iwg9@cdc.gov>
**Subject:** RE: CDC Comms and Media Strategy

Can you join the call now?

---

**From:** Sokler, Lynn (CDC/OD/OADC) <zsz0@cdc.gov>
**Sent:** Friday, March 13, 2020 9:37 AM
**To:** Gaines-McCollom, Molly (CDC/OD/OADC) <iwg9@cdc.gov>
**Cc:** Daniel, Katherine Lyon (CDC/DDPHSIS/OD) <kdl8@cdc.gov>; Sokler, Lynn (CDC/OD/OADC) <zsz0@cdc.gov>
**Subject:** RE: CDC Comms and Media Strategy

Good, (b)(5)

Katherine – what are next steps?.

**From:** Gaines-McCollom, Molly (CDC/OD/OADC) <iwg9@cdc.gov>
**Sent:** Friday, March 13, 2020 9:32 AM
**To:** Sokler, Lynn (CDC/OD/OADC) <zsz0@cdc.gov>
**Cc:** Daniel, Katherine Lyon (CDC/DDPHSIS/OD) <kdl8@cdc.gov>
**Subject:** CDC Comms and Media Strategy

Lynn – ready for you! (b)(5) I recommend (b)(5)
(b)(5)

See what you think.

**Molly Gaines-McCollom, PhD, MPH**
Office of the Associate Director for Communication
Centers for Disease Control and Prevention
404.639.5061 work / 404.769.7956 cell
MGainesMcCollom@cdc.gov